

FORM A - MENTAL HEALTH BUDGET NARRATIVE

Local Authority: Bear River Mental Health

Instructions:

In the cells below, please provide an answer/description for each question. **PLEASE CHANGE THE COLOR TO BLUE, OF SUBSTANTIVE NEW LANGUAGE INCLUDED IN YOUR PLAN THIS YEAR!**

1) Adult Inpatient		Program Manager <i>Pam Bennett</i>	
Form A1 - FY23 Amount Budgeted:	\$1,850,000	Form A1 - FY23 Projected clients Served:	192
Form A1 - Amount budgeted in FY22 Area Plan	\$1,837,299	Form A1 - Projected Clients Served in FY22 Area Plan	190
Form A1 - Actual FY21 Expenditures Reported by Locals	\$1,546,471		134
<p>Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.</p>			
<p>Bear River Mental Health Services, Inc. (hereinafter referred to as BRMH) utilizes the inpatient behavioral health units at Intermountain Healthcare (IHC) facilities as the primary resource to meet acute adult inpatient needs. IHC resources, and other additional inpatient facilities used throughout Utah, when there are no beds available at IHC, are accessed through contracting. All inpatient resources utilized by BRMH accommodate both male and female admissions. Additional inpatient facilities utilized include Huntsman Mental Health Institute, Provo Canyon, and other Wasatch front hospitals. Intermediate and longer-term inpatient hospitalizations are accomplished through the utilization of the Utah State Hospital.</p> <p>Although utilization management is accomplished by supervisory master's level treatment providers, BRMH has assigned a hospital liaison/case manager to be on site at the Logan Regional Hospital Behavioral Health Unit (the most frequently utilized inpatient option for BRMH clients) to facilitate utilization, continuity of care and discharge planning. This individual meets with the IHC Behavioral Health Unit team Mondays, Wednesdays, and Fridays of each week to review and discuss patient progress, disposition planning, and coordination of outpatient placements, which may include placements to our 24-hour Residential Facility, to the Utah State Hospital, or to the community with follow-up coordination and scheduling with BRMH outpatient teams. Continuity and disposition planning for out-of-area inpatient facilities (e.g., McKay Dee, Lakeview, Highland Ridge, etc.), are accomplished by the same case manager, however the contact is via phone or telehealth technologies. The case manager then reports on the status of hospitalized clients in each county crisis meeting weekly, as well as directly to assigned therapists throughout the week. Discharge planning occurs in the same way.</p> <p>Case management service, provided by the-hospital liaison, allows for the supervisory staff, overseeing utilization management, to keep abreast of diagnosis and treatment information, to assess treatment</p>			

progress, and to provide [additional](#) information, based on medical necessity, [for](#) authorization for appropriate continued stays or for discharge. This also enhances continuity of service and better follow-up by BRMH after discharge.

Describe your efforts to support the transition from this level of care back to the community.

Bear River Mental Health utilizes a post follow up team for tracking discharges, as well as a group home for transitional housing. MCOT and stabilization services are available to all individuals in crisis. We have hired a case manager to specifically contact individuals after a recent hospitalization to ensure follow up treatment options are offered, whether internally or externally of BRMH. Additionally, our staff understand and work toward ensuring clients receive services within the required seven day time frame. Case Management services are used to coordinate and link clients to medically necessary services at the appropriate times.

Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).

[No significant increases or decreases are expected.](#)

Describe any significant programmatic changes from the previous year.

No significant programmatic changes are anticipated for the upcoming fiscal year.

2) Children/Youth Inpatient

Leah Colburn

Form A1 - FY23 Amount Budgeted:	\$900,000	Form A1 - FY23 Projected clients Served:	55
Form A1 - Amount budgeted in FY22 Area Plan	\$912,701	Form A1 - Projected Clients Served in FY22 Area Plan	57
Form A1 - Actual FY21 Expenditures Reported by Locals	\$921,564	Form A1 - Actual FY21 Clients Serviced as Reported by Locals	47

Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.

Bear River Mental Health utilizes an [internal](#) clinical review committee comprised of clinical supervisors who meet to discuss youth clients who may potentially need higher levels of care than traditional outpatient therapy. This clinical review process allows for consideration of multiple treatment options, including the need to add wrap-around services, case management, respite care, and other medically necessary outpatient services. This review process also allows for discussion about the need for higher levels of care, including referral to the Utah State Hospital (USH). This clinical review committee evaluates admissions criteria from the USH, as well as clinical records, to help ensure that youth referred to the USH are appropriate for this placement, thereby improving treatment outcomes.

Inpatient service for children and youth is a contracted service not provided directly by BRMH. The utilization of inpatient programs and services may be monitored by BRMH, with our staff working directly with inpatient personnel to provide initial and continued authorization for service, as well as discharge planning and coordination like that described above under Adult Inpatient.

Inpatient services for children and youth are primarily provided through the McKay Dee Institute for Behavioral Medicine, which serves children 6 years of age through 17 years of age. Other inpatient providers, throughout the intermountain area, may be utilized as necessary and appropriate, given the medical necessity and circumstances of the child or youth.

Intermediate and longer-term inpatient hospitalization for children and youth will continue to be accomplished through the utilization of BRMH allocated pediatric beds at the Utah State Hospital, which is in Provo.

Describe your efforts to support the transition from this level of care back to the community.

BRMH assigns case management staff to coordinate and facilitate timely follow-up after hospitalization, per Medicaid requirements, and to educate, coordinate, [provide and link to needed services](#). A case manager additionally coordinates and assists in discharge planning with the inpatient unit and responds to requests from the hospitals to help coordinate outpatient services. This is also applicable to the Utah State Hospital.

Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).

This is not an expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served that meet the 15% criteria.

Describe any significant programmatic changes from the previous year.

No significant programmatic changes are anticipated for the upcoming fiscal year.

3) Adult Residential Care

Pam Bennett

Form A1 - FY23 Amount Budgeted:	\$470,000	Form A1 - FY23 Projected clients Served:	54
Form A1 - Amount budgeted in FY22 Area Plan	\$420,950	Form A1 - Projected Clients Served in FY22 Area Plan	56
Form A1 - Actual FY21 Expenditures Reported by Locals	\$472,649	Form A1 - Actual FY21 Clients Serviced as Reported by Locals	52

Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.

Adult residential services are provided directly by BRMH through the operation of a 12-bed, 24-hour supervised group home, located in Logan, Utah. Five beds are designated for female clients, and five beds for male clients. Two additional beds serve as overflow for either male or female residents. This residential facility provides the availability of transitional and longer-term supportive living as an adjunct to other potentially applicable services seen as medically necessary, i.e., case management and rehabilitative skills development. Clients in this facility are in the process of transitioning to either semi-independent or independent living within the community, but also may be placed as a diversion to inpatient hospitalization and/or higher levels of care. As such, the purpose of the facility is to divert from higher levels of care, or to assist in the transition or step-down from higher levels of care into

independent community living.

Supportive living generally includes observation, monitoring, and structured daily living support, which necessitates 24-hour staffing to ensure daily resident contact and monitoring, observation of general behavior and mental status, and performance of routine personal care and daily living tasks. All these activities occur, in addition to ongoing monitoring of symptomatology associated with each resident's diagnosis and individualized care plan. Additionally, our program provides for a structured living environment, ensuring the organization of household activities and tasks, according to a specific daily schedule of functional living activities. Meals, medications, household chores, house meetings, and other activities associated with the facility, are accomplished through structure and direct supervision. This helps to promote an emotionally stabilizing effect that tends to facilitate symptom stabilization and achievement of a higher level of functioning.

This facility is located on the same property as the adult day program where services such as case management, skills development, behavioral management, a large variety of groups, and a community center are accessible. [Crisis service staff are available in a facility just across the patio, if those services become necessary.](#) The facility includes single occupancy bedrooms, bath and shower rooms, an expanded kitchen and dining shared area, a dedicated medication management room, and an expanded common living area. [With this facility being](#) close to the day program, residents have easy access to a wide array of programming that may increase treatment success.

How is access to this level of care determined? How is the effectiveness and accessibility of residential care evaluated?

Access is determined by the clinical treatment team and the residential facility supervisor who review the clients' needs and appropriateness for placement in the facility when considering the admit criteria for the program. Admission can be processed at any time (24/7). This service is intended to provide a higher level of care and diversion from unnecessary hospitalizations. Effectiveness is determined based on client improvement and eligibility for discharge after considering level of medication and treatment compliance, and improvement in functioning with daily living skills. These decisions are made by the clinical treatment team in conjunction with the residential facility supervisor. The residential facility supervisor also meets with residential staff weekly, or more frequently if needed, to discuss specific needs of new admissions and ongoing progress of existing residents.

Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).

[No significant increases or decreases are expected.](#)

Describe any significant programmatic changes from the previous year.

No significant programmatic changes are anticipated for the upcoming fiscal year.

4) Children/Youth Residential Care

Leah Colburn

Form A1 - FY23 Amount Budgeted:	\$5, 000	Form A1 - FY23 Projected clients Served:	1
Form A1 - Amount budgeted in FY22 Area Plan	\$5,000	Form A1 - Projected Clients Served in FY22 Area Plan	1

Form A1 - Actual FY21 Expenditures Reported by Locals	\$0	Form A1 - Actual FY21 Clients Serviced as Reported by Locals	0
<p>Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider. <i>Please identify any significant service gaps related to residential services for youth you may be experiencing.</i></p>			
<p>Residential services for children and youth are not provided directly by BRMH. When residential treatment is determined to be medically necessary, BRMH utilizes residential treatment facilities available throughout the Wasatch front area.</p> <p>BRMH may utilize services from any available and accredited residential treatment resources necessary in order to meet the clinical needs of children and youth within its catchment area and service priority.</p> <p>When determined to be medically necessary, these intensive levels of intervention, provided through residential treatment resources, will be arranged to accomplish increased stability and foster the successful reintegration of children and youth with family and community.</p> <p>Residential service utilization is difficult to predict as BRMH endeavors to serve and maintain children and youth in their home environment through intensive wrap-around services as preferable to out-of-home placement, if at all possible.</p>			
<p>How is access to this level of care determined? Please describe your efforts to support the transition from this level of care back to the community.</p>			
<p>Residential care is determined based on the child's inability to remain or be maintained in the home. BRMH utilizes stabilization services and intensive outpatient services, including wrap-around services both prior to referral to residential services and in the client's transition back from residential services.</p>			
<p>Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).</p>			
<p>No significant increases or decreases are expected.</p>			
<p>Describe any significant programmatic changes from the previous year.</p>			
<p>No significant programmatic changes are anticipated for the upcoming fiscal year.</p>			

5) Adult Outpatient Care

Pam Bennett

Form A1 - FY23 Amount Budgeted:	\$4,471,732	Form A1 - FY23 Projected clients Served:	2,380
Form A1 - Amount budgeted in FY22 Area Plan	\$3,840,133	Form A1 - Projected Clients Served in FY22 Area Plan	2,375
Form A1 - Actual FY21 Expenditures Reported by	\$3,624,656	Form A1 - Actual FY21 Clients Serviced as	2,229

Locals		Reported by Locals	
<p>Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.</p>			
<p>The continuum of outpatient services for adults in the BRMH catchment area is predominantly provided directly by staff of BRMH during weekday office hours. However, BRMH does subcontract, in certain situations (conflict, continuum of care, etc.), for some services, for Medicaid eligible clients. BRMH services include the full continuum of services such as assessment, psychological or psychiatric evaluation, individual, family, and group psychotherapy, individual skill development, behavior management, as well as psycho-education, personal services, and support groups. Case management, group skills development (psychosocial rehabilitation), respite, and medication management, although incorporated within the mental health center's context of outpatient services, are described separately in sections of the Area Plan to follow.</p> <p>One of our newer evidence based offerings, in the outpatient setting, is group Moral Reconation Therapy (MRT). BRMH invests in certified training for staff who provide MRT services. This MRT group is provided once a week at the Logan outpatient facility and has had consistent referrals and attendance since its inception. The group participants meet each week to review and discuss MRT steps, with each participant working to improve effective, healthy behaviors within the community, and reduce recidivism. This group is an open-enrollment format with new members being added frequently as well as having participants complete MRT and graduate from the group. BRMH will continue to provide MRT in the next year. With the addition of a therapist specifically funded to serve clients in and coming out of the jails, or clients who are involved with law enforcement or the justice system, referrals of unfunded clients to this group are increasing. This therapist has also received certification as an MRT therapist. This is an evidence based treatment that is provided to fidelity.</p> <p>Generally, outpatient services are provided in outpatient clinic sites. However, many of these same services may also be provided at other times and at other locations in the community. Some of these services may also be provided via telehealth modalities. In all cases, service providers determine medical necessity when considering both type and mode of service.</p>			
<p>Describe the approach to serving individuals with complex behavioral health presentations or who need multiple supports to remain in the community, including the programmatic approach to serving individuals in the least restrictive level of care. Identify your proposed fidelity monitoring and outcome measures.</p>			
<p>BRMH has an Assertive Community Outreach Team. The team consists of a therapist, APRN, RN, and multiple case managers. The Community Outreach Team focuses on SMI clients who are less likely to attend outpatient appointments and who are at risk for hospitalization. Members work with clients in their homes, in center facilities, and in other locations in the community. Services are customized and person-centered for each client. Additional crisis services are provided by MCOT. Clients may also be referred for additional wrap around services in BRMH's day treatment program and may qualify for placement in the BRMH group home.</p> <p>BRMH monitors fidelity using a supervision model. Client progress is monitored via the OQ.</p>			
<p>Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).</p>			
<p>No significant increases or decreases are expected.</p>			

Describe any significant programmatic changes from the previous year.

No significant programmatic changes are anticipated for the upcoming fiscal year.

Describe the programmatic approach for serving individuals in the least restrictive level of care who are civilly committed or court-ordered to Assisted Outpatient Treatment. Include the process to track the individuals, including progress in treatment.

BRMH utilizes a center court liaison, who after receiving notice of the commitment, informs the treatment coordinator of the commitment, including start date, length of commitment, and any notable issues that need to be addressed in treatment. The liaison communicates with court attorneys prior to subsequent hearings to determine the need for continued commitment, after receiving input from the treatment coordinator. The liaison maintains the commitment status as accurate in the electronic record system for treatment provider awareness. The treatment coordinator is then responsible to review relevant information from the designated examiner reports (if available) and to meet with the client as soon as possible after the hearing. The treatment coordinator ensures that a thorough mental health assessment to determine diagnosis and treatment issues is complete along with a treatment care plan that reflects the client's goals pertaining to the civil commitment and interventions reflective of the need for increased monitoring and participation in treatment, including wraparound services if indicated. The treatment coordinator conducts a risk assessment and collaborates with the client in formulating a safety/crisis response plan. Authorization from the client is sought to involve family in treatment, and to assess the viability of that support system, unless it is not clinically indicated. If indicated and authorized, input from and to the family as a support system is utilized in helping to collaborate and establish a pathway/plan for release from civil commitment. The treatment coordinator is responsible to inform the client of conditions or situations that may result in placement in a more restrictive treatment setting. Prior to the end of the commitment, the treatment coordinator discusses progress with the client, family support and treatment team, and addresses any concerns in order to prepare a summary for the court liaison which includes whether the client should continue under civil commitment. If the client is to continue under commitment, behaviors or conditions that need to be met are outlined.

If the client who is civilly committed is assigned a case manager, based on medical necessity, the case manager is responsible to complete a needs assessment and provide services as medically necessary and as directed by the treatment coordinator. The case manager coordinates with the court personal and outside treatment providers. The case manager provides direct updates to the courts on treatment compliance and progress.

If the client who is civilly committed is referred to the medication team, based on medical necessity, the med team is responsible to communicate with the treatment coordinator and case manager about missed appointments. The med team is to work with the client to establish effective, sustainable medical treatment, and to provide input on a transition plan if the client will leave BRMH services when the episode of civil commitment ends.

Clients who are civilly committed are tracked by funding source and a flag used for clients who are civilly committed in the electronic health record system.

BRMH additionally has an Excel spreadsheet, available to all clinical and supervisory staff via a shortcut on their desktop, which details the committed individual's name, where he/she was committed, e.g., Logan, Brigham City, State Hospital, etc., the date of commitment, the funding source, and the date of commitment expiration. Additionally, BRMH sets a flag identifying the individual as committed in the Electronic Health Record System. This flag appears any time a service provider accesses the medical record. The committed flag also signifies the potential need for an added level of care, which may include the revision of the care plan goals and interventions pertaining to the commitment, increased services, consideration of a new risk assessment and crisis safety plan, etc. A BRMH Checklist for Working with clients under civil commitment has been developed to assist treatment providers serving our committed clients.

The Court subsequently contacts BRMH two weeks before a client's civil commitment ends. The

therapist then reviews the details of the case before making a recommendation to the court on whether the commitment should be continued or allowed to expire. If our recommendation is to continue commitment, the client is reexamined by designated examiners and another court hearing is held. The judge is ultimately responsible for rulings on commitment status.

6) Children/Youth Outpatient Care

Leah Colburn

Form A1 - FY23 Amount Budgeted:	\$2,365,750	Form A1 - FY23 Projected clients Served:	1,520
Form A1 - Amount budgeted in FY22 Area Plan	\$2,020,785	Form A1 - Projected Clients Served in FY22 Area Plan	1,520
Form A1 - Actual FY21 Expenditures Reported by Locals	\$1,980,193	Form A1 - Actual FY21 Clients Served as Reported by Locals	1,600

Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider. Please highlight approaches to engage family systems.

The continuum of outpatient services for children and youth in the BRMH catchment area is predominantly provided directly by staff of BRMH during weekday office hours. However, BRMH does subcontract, in certain situations, for some services for Medicaid eligible clients. BRMH services include the full continuum of services, such as assessment, psychological or psychiatric evaluation, individual, family, and group psychotherapy, individual skill development, behavior management, as well as psycho-education, personal services, and support groups. Case management, group skills development (psychosocial rehabilitation), respite, and medication management, although incorporated within the mental health center's context of outpatient services, are described separately in sections of the Area Plan to follow. The Center also operates successful after-school and summer programming delivery systems, which are detailed in the Children/Youth Psychoeducation Services & Psychosocial Rehabilitation section below.

Generally, services are provided in outpatient clinic sites. However, these services may also be provided at other times and at other locations in the community. For example, a large portion of children's services are provided directly in various schools throughout the three counties, both through face-to-face and telehealth modalities. In all cases, service providers determine medical necessity when considering both type and mode of service.

BRMH additionally uses peer support personnel, SMR for family stabilization, and traditional outpatient treatment to engage in family systems and other natural supports. The usage of telehealth has allowed the expansion of family systems and engaging with clients in their home.

Describe the approach to serving individuals with complex behavioral health presentations or who need multiple supports to remain in the community, including the programmatic approach to serving individuals in the least restrictive level of care. Identify your proposed fidelity monitoring and outcome measures.

BRMH utilizes a Stabilization team. Presently, The Stabilization team consists of two full-time therapists and two full-time case managers. Starting on July 1, 2022 the stabilization team will consist

of a ½ time therapist and a full time case manager who will provide direct services and who may at times coordinate with other service providers as needed. The Stabilization team focuses on SED children and youth who are at risk for hospitalization or for out of home placement. BRMH staff work with clients in their homes, in center facilities, in schools, and in the community whether through the stabilization program or not. Services are customized and person-centered for each client. Intensive wrap-around services may also be provided based on medical necessity. Mobile Crisis services are also available to children and youth.

BRMH monitors fidelity using a supervision model. Client progress is monitored via the YOQ.

Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).

Effective July 1, 2022 The stabilization team will consist of one ½ time therapist and one full time case manager. This is a reduction from two full-time therapists and two full-time case managers. These staff provided SMR stabilization services and mobile crisis outreach services. Stabilization services will continue to be provided to fidelity to the Stabilization model, as has been done since July 2018. Stabilization services will be offered to those families with children who have needs for intensive services so as to reduce the chances of future crisis situations within the home and reduce the likelihood of out-of-home placements who also meet the need based upon the UFACET assessment and medical necessity. The stabilization staff was reduced effective July 1, 2022 to more closely match services data that had been compiled and more efficiently utilize staff time and center resources. Mobile Crisis services that have been provided as part of the SMR services program will shift to Youth MCOT effective July 1, 2022.

Describe any significant programmatic changes from the previous year.

No significant programmatic changes are anticipated for the upcoming fiscal year.

7) Adult 24-Hour Crisis Care

LeAnne Huff

Form A1 - FY23 Amount Budgeted:	\$560,000	Form A1 - FY23 Projected clients Served:	700
Form A1 - Amount budgeted in FY22 Area Plan	\$623,000	Form A1 - Projected Clients Served in FY22 Area Plan	526
Form A1 - Actual FY21 Expenditures Reported by Locals	\$149,649	Form A1 - Actual FY21 Clients Serviced as Reported by Locals	454

Describe access to crisis services during daytime work hours, afterhours, weekends and holidays. Describe how crisis services are utilized as a diversion from higher levels of care (inpatient, residential, etc.) and the criminal justice system. Identify what crisis services are provided and where services are provided and what gaps need to still be addressed to offer a full continuum of care to include access to a crisis line, mobile crisis outreach teams, and facility-based stabilization/receiving centers. Identify plans for meeting any statutory or administrative rule governing crisis services. For each service, identify whether you will provide services directly or through a contracted provider. Describe how you coordinate with state and local partners for services to include the Utah Crisis Line, JJS and other DHS systems of care, for the provision of crisis services.

In October 2019 BRMH entered into a Business Associates Agreement with Huntsman Mental Health Institute (HMHI) [relative to the State's direction on a centralized crisis answering system](#). The HMHI Crisis Line has trained clinical staff available 24 hours per day to manage crisis calls. HMHI also has backup from LifeLine to ensure calls are answered in accordance with State statute. BRMH continues to staff a "client support line" with access available 24 hours per day. In the event that HMHI provides a "warm hand off" to BRMH, the response is handled through the BRMH client support line. Individuals are also able to call the client support line for non-emergent issues. [The BRMH support line is also available to the local hospitals and their emergency departments so that BRMH staff can assist with inpatient hospital admission and coordination of services.](#)

BRMH has Master's level clinicians available for crisis response, 24-7. BRMH has also committed to training all clinical staff in crisis management, suicide prevention and crisis response planning.

BRMH has mobile crisis outreach teams (MCOT) available to assist [individuals](#) living within Cache, Rich, and Box Elder Counties. Crisis services can be provided in-person, [over the phone](#), or via telehealth technology. [The MCOT teams have](#) licensed therapists who work with case managers, [or certified peer support specialists](#), to help alleviate crisis situations in the least invasive ways possible and [in ways that allow for the provision of appropriate referrals](#), as needed. [Starting July 1, 2022, BRMH will provide Youth MCOT services to respond to youth experiencing mental health crisis situations within the tri-county area. The crisis response services provided by Youth MCOT will be similar to those listed above so that BRMH crisis responses can meet the needs of any individual experiencing a mental health crisis, regardless of age and funding source. Youth crisis response services had previously been provided as part of our SMR \(Stabilization and Mobile Response program\). This mobile response will shift away from SMR to Youth MCOT but the stabilization program will remain.](#)

The [Stabilization program](#) is designed to meet the needs of families experiencing crisis situations in the least invasive means possible. Stabilization consists of therapy, case management, skills development services, and respite services, depending upon the needs of the family. The goal of stabilization is to [provide the family ongoing stabilization services in order to reduce future crisis situations and improve overall family functioning and wellness.](#)

Additionally, BRMH provides the National Suicide Prevention phone number, App, and text line information on our external Website.

BRMH meets with the Utah Crisis Line monthly to discuss crisis services and triage crisis calls to ensure clients in crisis access the appropriate level of care. [BRMH also meets monthly with other MCOTs from other LMHAs in the state to discuss MCOT services and collaborate and share best practices to continue to ensure that MCOT services meet the needs of the community.](#) BRMH also meets bi-monthly with JJS, school districts, and DCFS to discuss crisis services in the community for youth. [In those meetings, families and youth, who are experiencing crisis situations, can be referred to the appropriate crisis services program within BRMH for immediate supports.](#)

Describe your evaluation procedures for crisis intervention services that objectively measure access and measurable outcomes for persons with both mental health and substance use disorders using data. Technical assistance with data specifications is available if needed, please describe any areas for help that are required.

[Stabilization](#) and [MCOT teams](#) are trained on evidence-based crisis interventions and document [those service](#) data in the [electronic health record system as encounters and through](#) clinical service notes.

This data includes who referred the client for crisis services, response time to provide the service, and deposition and outcomes for the client after receiving crisis services. The Division has provided technical support and data specs on measurable outcome data. [Data is also analyzed in terms of number of services provided, hours of services provided, and billings to workforce capacity.](#)

Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).

Through coordination meetings with members from the Division of Substance Abuse and Mental Health, BRMH has been informed of the upcoming 988 crisis line roll out on July 16, 2022. In those meetings, DSAMH staff indicated that it is expected that call volumes to the crisis line will increase due to increased awareness of the 988 crisis line number and ease of access for crisis services. Estimations being that crisis line calls will increase in the near future after 988 is implemented. BRMH is anticipating an increase in MCOT requests and will utilize its MCOT program to respond to MCOT requests as it has done in previous years with the addition of Youth MCOT.

Describe any significant programmatic changes from the previous year.

Effective July 1, 2022, BRMH will respond to mobile crisis requests to children and youth through Youth MCOT. Previously, these requests were addressed as part of the SMR program. The Stabilization program will continue to be offered, as it has done since July 2018 and mobile crisis deployments will be addressed through Youth MCOT.

8) Children/Youth 24-Hour Crisis Care

Nichole Cunha

Form A1 - FY23 Amount Budgeted:	\$500,000	Form A1 - FY23 Projected clients Served:	300
Form A1 - Amount budgeted in FY22 Area Plan	\$110,000	Form A1 - Projected Clients Served in FY22 Area Plan	198
Form A1 - Actual FY21 Expenditures Reported by Locals	\$116,596	Form A1 - Actual FY21 Clients Serviced as Reported by Locals	148

Describe access to crisis services during daytime work hours, afterhours, weekends and holidays. Describe how crisis services are utilized as a diversion from higher levels of care (inpatient, residential, etc.) and the criminal justice system. Identify what crisis services are provided, where services are provided, and what gaps need to still be addressed to offer a full continuum of care ([including access to a Crisis Line, Mobile Outreach, Receiving Center and In-Home Stabilization Services](#)). Include if you provide SMR services, [if you are not an SMR provider, how do you plan to coordinate with SMR providers in your region?](#) For each service, identify whether you will provide services directly or through a contracted provider. Describe how you coordinate with state and local partners, to include JJS and other DHS systems of care, for the provision of services to at risk youth, children, and their families.

Crisis services for children and youth are provided, primarily as a direct service, as necessary, to assist clients who are experiencing immediate and/or debilitating or life threatening complications, as a result of mental illness.

Children and youth crisis services continue to be available seven days a week, 24 hours per day and 365 days a year through [a Mobile Crisis Outreach Team serving children and youth whenever a crisis](#)

intervention is needed. Youth MCOT services are accessed through our outpatient clinics during business hours, usually after a referral from the HMHI Utah Crisis Line or on a walk-in basis. After business hours, the HMHI Utah Crisis Line takes crisis calls for our area and works to de-escalate the situation over the phone. If a Youth MCOT deployment is needed, HMHI reaches out to the Youth MCOT at BRMH to arrange for local assistance. Youth MCOT services are provided in-person, via telehealth, or over the phone, whichever the family needs. In-person services are currently available from 8:00 AM to 11:00 PM every day, including weekends and holidays. Services outside of those hours are provided via telehealth or telehealth, or an appointment can be made for in-person assistance the following morning. After business hours, Youth MCOT coverage consists of a therapist and case manager who are on call on a rotation basis who are able to immediately respond to Youth MCOT requests. The Youth MCOT works to establish safety for all involved, assess for additional supports, and make appropriate referrals and recommendations for follow-up care. The Youth MCOT can also refer to BRMH's stabilization team if additional services are needed.

Stabilization services are part of the SMR program wherein the overall goal is to help reduce the chances of future crisis situations for children and youth, provide increased stability and improved family functioning, and reduce the chances of out of home placements for children with serious mental health needs. Stabilization services are provided during business hours and may include in-home services. These services may include therapy, case management, skills developments services, and respite services, and include multiple appointments per week depending upon the clinical need and medical necessity. Stabilization services are available to families within Cache, Rich, and Box Elder Counties.

Assigned crisis staff [are](#) trained and capable of managing both child and adult mental health emergencies. BRMH's network of clinical providers, with crisis experience and expertise, is widespread throughout the community and particularly in each of the school districts in Box Elder, [Rich](#), and Cache counties. Mental health therapists, case managers and behavior managers work closely with school personnel to assist in the service delivery system to ensure children receive needed services, including crisis services, in in-vivo environments.

Center personnel are involved in children and youth crisis assessments, service referral, and disposition/placement consultation, on an ongoing basis, with community partners such as the Local Interagency Council, juvenile courts, and DCFS.

BRMH hopes to eventually bring a receiving center online at some point in the future. [A receiving center would allow for BRMH MCOT to respond to the receiving center, if clinically indicated, to provide crisis services and supports to individuals of all ages needing immediate mental health crisis intervention services.](#)

Describe your evaluation procedures for children and youth crisis intervention services that objectively measure access and measurable outcomes for persons with both mental health and substance use disorders using data. Technical assistance with data specifications is available if needed, please describe any areas for help that are required.

BRMH MCOT staff are trained in evidence-based crisis interventions and utilize such to assess the crisis situation and provide the appropriate level of assistance and care to ensure the safety and wellness of all involved. Each crisis intervention is documented into the EHR Streamline wherein the service is appropriately documented and required MCOT data specs can be entered as well. The DSAMH has provided technical support and data specs on the measurable outcome data required for MCOT. BRMH MCOT also works closely with HMHI to report back to HMHI required MCOT deployment outcomes data.

Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).

BRMH received funding for Youth MCOT and reduced the amount in Stabilization due to analysis of program and staffing numbers. Stabilization service will continue with an adjusted reduction down to .5 therapy staff and 1 full time case manager. It is anticipated that numbers will continue to improve. Other case managers were moved over to the MCOT services.

Describe any significant programmatic changes from the previous year.

No significant programmatic changes are anticipated for the upcoming fiscal year.

9) Adult Psychotropic Medication Management

Pam Bennett

Form A1 - FY23 Amount Budgeted:	\$1,572,000	Form A1 - FY23 Projected clients Served:	1,050
Form A1 - Amount budgeted in FY22 Area Plan	\$1,432,400	Form A1 - Projected Clients Served in FY22 Area Plan	1,000
Form A1 - Actual FY21 Expenditures Reported by Locals	\$1,108,946	Form A1 - Actual FY21 Clients Served as Reported by Locals	1,034

Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider. *Please list any specific procedures related to continuity of medication management during transitions between from or between providers/agencies/level of care settings*

Psychotropic medication and medication management are direct services provided to accomplish the assessment, prescription, monitoring, adjustment, delivery, coordination, administration, and supervision of psychopharmacological treatment. The mental health center's medication prescription and management providers are approved by the Department of Occupational and Professional Licensing (DOPL).

Psychotropic medication management services are available, as needed, for crisis services after hours. These services, provided by a team of medical practitioners, include three Center advanced practice registered nurses (APRNs). Medication related services are available to all mental health center clients who are determined to be in need of psychopharmacological treatment.

Where possible and appropriate, the Center's medical staff work in consultation and coordination with primary care providers to better meet overall client medication treatment needs, as well as attend to and promote client wellness through routine monitoring and measurement of client physiological statistics on every medication management appointment conducted at the Center's outpatient clinics.

Additionally, direct access to medication management and prescription services provided by the Center's subcontracted physician and Center APRNs are available at Logan, Brigham City, and Tremonton outpatient clinic sites, and may be accessed from other locations through the Center's telehealth system.

BRMHs prescriber team works closely with internal and external providers in securing appropriate documentation for medication treatment. This includes information from recent inpatient stays, current medical health notes, a review of the Controlled Substance Database, and any other pertinent information as requested by the assigned prescriber, to appropriately provide medications. The medication team also facilitates any requests for information from external providers.

Prescribers routinely consult with other community providers and physicians, BHU physicians, and internal providers. BRMH is working through procedural and HIPAA related issues around sharing information back and forth more timely and efficiently, which include secure and encrypted email as opposed to telephone or snail mail.

Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).

No significant increases or decreases are expected.

Describe any significant programmatic changes from the previous year.

There are no significant programmatic changes from the previous year.

10) Children/Youth Psychotropic Medication Management

Leah Colburn

Form A1 - FY23 Amount Budgeted:	\$258,000	Form A1 - FY23 Projected clients Served:	280
Form A1 - Amount budgeted in FY22 Area Plan	\$235,000	Form A1 - Projected Clients Served in FY22 Area Plan	270
Form A1 - Actual FY21 Expenditures Reported by Locals	\$238,661	Form A1 - Actual FY21 Clients Serviced as Reported by Locals	295

Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider. *Please list any specific procedures related to continuity of medication management during transitions between providers/agencies/level of care settings.*

As described in the adult section above, psychotropic medication and medication management services are provided to the Center's child/youth populations in order to accomplish a full range of psychopharmacological mental health treatment. These services are provided by a medication management team of professionals, in consultation and coordination with each client's personal treatment team.

The Center's medication management team includes medical assistants, registered nurses, advanced practice registered nurses (APRNs), and a subcontracted physician.

As with adult medication management services, where possible and appropriate, the Center's medical staff work in consultation and coordination with primary care providers, *whether internal or external*, to better meet overall client medication treatment needs, as well as attend to and promote client wellness through routine monitoring and measurement of client physiological statistics on every medication management appointment conducted at the Center's outpatient clinics.

Additionally, direct access to medication management and prescription services provided by the subcontracted physician and Center APRNs are available at Logan, Brigham City, and Tremonton outpatient clinic sites and may be accessed from other locations, [including Rich County](#), through the Center's telehealth system.

BRMHs prescriber team works closely with internal and external providers in securing appropriate documentation for medication treatment, once appropriate releases are in place. This includes information from recent inpatient stays, current medical health notes, a review of the Controlled Substance Database, and any other pertinent information as requested by the assigned prescriber, to appropriately provide medications. The medication team also facilitates any requests for information from external providers.

[Prescribers routinely consult with other community providers and physicians, Behavioral Health Unit physicians, and internal providers.](#) BRMH works with IHC pediatrics to improve coordination between IHC medical providers and BRMH providers.

Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).

This is not an expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served that meet the 15% criteria.

Describe any significant programmatic changes from the previous year.

[There are no significant programmatic changes from the previous year.](#)

11) Adult Psychoeducation Services & Psychosocial Rehabilitation

Pam Bennett

Form A1 - FY23 Amount Budgeted:	\$1,340,000	Form A1 - FY23 Projected clients Served:	295
Form A1 - Amount budgeted in FY22 Area Plan	\$1,220,100	Form A1 - Projected Clients Served in FY22 Area Plan	300
Form A1 - Actual FY21 Expenditures Reported by Locals	\$990,454	Form A1 - Actual FY21 Clients Serviced as Reported by Locals	245

Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.

The adult psychosocial programs, both in Brigham City (Brigham City House) and Logan (Bear River House) will be provided throughout the upcoming fiscal year as currently developed. These programs are patterned after the recovery model as the predominant rehabilitative perspective. The recovery model is an approach to changing client attitudes, values, skills, and/or roles, developing new life meaning and purpose, as well as regaining social function despite limitation of mental illness.

The adult recovery model allows for clients to participate in groups that increase socialization and connectedness with the group members and [with the](#) community as a whole. Groups start in the morning each week day, allowing participants to then have lunch [within the day programs](#) and increase social activity with recovery participants before afternoon groups begin. By having groups scheduled

during the afternoon, clients are provided with more opportunities to attend based upon their unique schedules and needs.

As established several years previous, the Cache County adult psychosocial program is organized into three recovery oriented program tracks (Foundation, Gateway, and Transitions) designed to address the issues of mental health recovery and functional living as described below:

The Foundation Track is designed to meet the needs of individuals with profound cognitive, social, and/or functional limitations. This track focuses on functional living skills and targets social skills, daily living skills, and protective skills such as basic medication compliance and symptom maintenance necessary to promote community tenure and avoid hospitalization. The Foundation Group is held at the residential facility as many of the participants are also residing in the residential facility.

The Gateway Track is conceptualized as a gateway to wellness and will continue to focus on an intermediate level of functional coping skills, functional living skills, and functional rehabilitative activities, designed to enhance functional assertion.

The Transitions Track is designed for the client [who is at a higher level of functioning](#) and follows the Personal Development for Life and Work curriculum and is focused on the work of functional mastery. This program also utilizes the modalities of psychoeducational, support groups, and experiential rehabilitative activities in the process of preparing the clients for social, recreational, educational, and vocational community reintegration.

Regardless of the specific group that a client participates in, the overall goal of each program is to provide the skills and techniques necessary to each participant that helps each reach a higher level of functioning and a higher level of independence within the community.

[Brigham City House also follows the Recovery Model and has a combination of groups due to our smaller size and client availability. We combine our profoundly limited clients with our intermediate functioning clients in our programs at the Brigham City House each day. We focus on wellness activities and individualized recovery for each client. Our program allows our staff to work closely with each client in striving toward their personal recovery goals and skills in social development, educational and employment readiness, managing their mental illness, dually diagnosed treatment needs, and connection to other agencies and supports in our community. As part of this programming, we encourage our clients to participate in daily meal preparation, gardening outside, and taking ownership of their treatment environment, in addition to offered psycho-social groups.](#)

[The transitions program is also available in Brigham City for our highest functioning clients, and also uses the Personal Development for Life and Work curriculum. We assist these clients in getting involved in the program and preparing for potential employment, volunteer work, or education in the community, as well as life skills to be functional and successful in their endeavors to be as independent as possible.](#)

Describe how clients are identified for Psychoeducation and/or Psychosocial Rehabilitation services. How is the effectiveness of the services measured?

Clients are identified by the mental health assessment, care plan formulation and review, and ongoing assessment of needs during treatment. Therapists work as treatment coordinators for each client and can add psychoeducation and psychosocial rehabilitation as a prescribed service. This is measured through OQ scores, care plan reviews and updates, and client feedback.

Justify any expected increase or decrease in funding and/or any expected increase or decrease

in the number of individuals served (15% or greater change).

No significant increases or decreases are expected.

Describe any significant programmatic changes from the previous year.

No significant programmatic changes are anticipated for the upcoming fiscal year.

12) Children/Youth Psychoeducation Services & Psychosocial Rehabilitation Leah Colburn

Form A1 - FY23 Amount Budgeted:	\$294,250	Form A1 - FY23 Projected clients Served:	175
Form A1 - Amount budgeted in FY22 Area Plan	\$266,000	Form A1 - Projected Clients Served in FY22 Area Plan	195
Form A1 - Actual FY21 Expenditures Reported by Locals	\$135,574	Form A1 - Actual FY21 Clients Serviced as Reported by Locals	131
Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.			
<p>BRMH provides psychosocial rehabilitation for children and youth as a direct service, with most of these services being provided by BRMH case managers. Master's level therapists may also participate in the delivery of some of these services. Staff employ both individual and group formats for skills training and development that address daily living, communication, and interpersonal competencies as related to the predominant family, school, and social environments of children and youth. All psychosocial rehabilitative services are applied to reduce psychiatric symptomatology, decrease unnecessary psychiatric hospitalizations, decrease maladaptive behaviors, increase personal motivation, enhance self-esteem, and help clients achieve the highest level of functioning possible.</p> <p>BRMH additionally provides specific psychoeducation and psychosocial rehabilitation programming through an after school and summer psychosocial skills curriculum out of all three of the outpatient facilities located in Brigham City, Logan, and Tremonton. There is also programming at school sites in all three service area counties.</p>			
Describe how clients are identified for Psychoeducation and/or Psychosocial Rehabilitation services. How is the effectiveness of the services measured?			
<p>Clients are identified by the mental health assessment, care plan formulation and review, and ongoing assessment of needs during treatment. Therapists work as treatment coordinators for each client and can add psychoeducation and psychosocial rehabilitation as a prescribed service. This is measured through OQ scores, care plan reviews and updates, and client feedback.</p>			
Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).			
<p>This is not an expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served that meet the 15% criteria.</p>			

Describe any significant programmatic changes from the previous year.

No significant programmatic changes are anticipated for the upcoming fiscal year.

13) Adult Case Management

Pete Caldwell

Form A1 - FY23 Amount Budgeted:	\$1,384,000	Form A1 - FY23 Projected clients Served:	1,070
Form A1 - Amount budgeted in FY22 Area Plan	\$1,259,300	Form A1 - Projected Clients Served in FY22 Area Plan	1,065
Form A1 - Actual FY21 Expenditures Reported by Locals	\$1,165,783	Form A1 - Actual FY21 Clients Serviced as Reported by Locals	1,098

Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider. Please include how you ensure each case management provider is certified to provide these services.

Case management services are provided with the primary goal of assisting clients (adult, child/youth) and families to access additional [internal and external](#) community services and resources, in an effort to help manage the functional complications of mental illness. Primary case management activities include assessment and documentation of the client's need for resources and services; development of a written case management service plan; linking clients with needed services and resources; coordinating the actual delivery of services, monitoring quality, appropriateness and timeliness of the services delivered, as well as monitoring client progress, and review and modification of the case management service plans and objectives, as necessary.

Additional activities may involve finding and maintaining housing resources, obtaining medical or dental services, linking with the Department of Workforce Services or Social Security Administration relative to the acquisition of benefits and entitlements, advocating for educational opportunities, and/or coordinating and facilitating inpatient hospital discharge.

Case management services are available throughout the Center's tri-county catchment area, predominantly delivered in Logan, Brigham City, Garden City, Tremonton and neighboring communities to those clients who would benefit from and require assistance in coordinating, monitoring, and linking to community services and resources. These services are open to all mental health center clients, based upon medical necessity as determined by a formal needs assessment.

During the case manager orientation process BRMH begins the certification process for those employees who do not already have it. BRMH ensures that each case manager is certified.

[Bear River Mental Health historically has not provided protective payee services, and has utilized external options for that service. Given the ongoing negative experiences by our clients, we are moving forward to provide these services internally, by utilizing division of duties, quality controls, and intensive supervision by financial staff. We have sought feedback from other Centers who have been offering protective payee services, and will utilize their recommended best practices as we move forward. We are excited to hopefully have a better solution for several of our clients.](#)

Please describe how eligibility is determined for case management services. How is the effectiveness of the services measured?

Eligibility is determined through mental health assessment, administration of the DLA20, and conducting the Case Management Needs Assessment. This is measured by OQ scores, DLA20 Scores, care plan review and updates, feedback from other treatment providers, and the client.

Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).

No significant increases or decreases are expected.

Describe any significant programmatic changes from the previous year.

No significant programmatic changes are anticipated for the upcoming fiscal year.

14) Children/Youth Case Management

Pete Caldwell

Form A1 - FY23 Amount Budgeted:	\$182,000	Form A1 - FY23 Projected clients Served:	740
Form A1 - Amount budgeted in FY22 Area Plan	\$165,000	Form A1 - Projected Clients Served in FY22 Area Plan	735
Form A1 - Actual FY21 Expenditures Reported by Locals	\$118,543	Form A1 - Actual FY21 Clients Served as Reported by Locals	691

Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider. Please include how you ensure each case management provider is certified to provide these services.

Case management services provided for children and youth will mirror those described above, in most respects, with the general exception of income and housing supports. Primary case management activities, as with adult consumers, will include a thorough Case Management Needs Assessment (CMNA) and documentation of the client's need for resources and services; development of a written case management service plan; linking clients with needed services and resources; coordinating the actual delivery of services, monitoring quality, appropriateness and timeliness of the services delivered, as well as monitoring client progress, and review and modification of the case management service plans and objectives, as necessary.

Case management services are available to children and youth throughout the Center's tri-county catchment area. These services are predominantly delivered in the Logan, Brigham City, Garden City, Tremonton clinic sites, as well as in neighboring communities, to those clients who would benefit from and require assistance in coordinating, monitoring, and linking to community services and resources.

During the case manager orientation process BRMH begins the certification process for those employees who do not already have it. BRMH ensures that each case manager is certified.

Please describe how eligibility is determined for case management services. How is the effectiveness of the service measured?

Eligibility is determined through mental health assessment and conducting the Case Management Needs Assessment. This is measured by YOQ scores, care plan review and updates, feedback from other treatment providers, and the client.

Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).

This is not an expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served that meet the 15% criteria.

Describe any significant programmatic changes from the previous year.

No significant programmatic changes are anticipated for the upcoming fiscal year.

15) Adult Community Supports (housing services)

Pete Caldwell

Form A1 - FY23 Amount Budgeted:	\$71,000	Form A1 - FY23 Projected clients Served:	42
Form A1 - Amount budgeted in FY22 Area Plan	\$70,850	Form A1 - Projected Clients Served in FY22 Area Plan	45
Form A1 - Actual FY21 Expenditures Reported by Locals	\$75,590	Form A1 - Actual FY21 Clients Served as Reported by Locals	39

Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.

In-home supports, such as skills development, behavior management, and personal services, are provided to adults with serious mental illness by direct case management and skills development service providers. Psychotherapy support services may be provided outside of the outpatient clinic, either in-home or in community settings such as local nursing homes, as determined to be medically necessary and appropriate to help eliminate barriers to service access.

Additionally, BRMH has an established housing network, consisting of apartment complexes located in Logan (the Gateway 6-plex apartments) and Brigham City (Snow Park Village). Residents in these apartment complexes are provided semi-independent housing supports based on the need for more intensive housing supports and generally prior to returning to full independence within the community.

Bear River Association of Governments (BRAG), the local housing authority, operates the Box Elder Commons Apartment Complex, and has committed to offer these apartments to our clients who need semi-independent housing. We work to foster this continued community partnership for the benefit of finding housing options for our clients.

Ultimately, the goal of providing housing supports to clients of BRMH is to give the clients who access these housing services the opportunities necessary to help each improve important functional living skills in a semi-independent setting, thereby helping each increase his/her ability to live more

independently within the community, while still allowing increased access to needed mental health services.

It is noted that BRMH did previously donate The Box Elder Commons apartment complex to the local housing authority (BRAG) and BRMH clients are still able to access needed housing supports within that facility.

Indicate what assessment tools are used to determine criteria, level of care and outcomes for placement in treatment-based and/or supportive housing? [Technical assistance is available through Pete Caldwell: pgcaldwell@utah.gov](mailto:pgcaldwell@utah.gov)

Eligibility is determined through mental health assessment, administration of the DLA20, and conducting the Case Management Needs Assessment. This is measured by OQ scores, DLA20 Scores, care plan review and updates, feedback from other treatment providers and the client.

Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).

[No significant increases or decreases are expected.](#)

Describe any significant programmatic changes from the previous year.

No significant programmatic changes are anticipated for the upcoming fiscal year.

16) Children/Youth Community Supports (respite services)

Leah Colburn

Form A1 - FY23 Amount Budgeted:	\$44,050	Form A1 - FY23 Projected clients Served:	23
Form A1 - Amount budgeted in FY22 Area Plan	\$45,000	Form A1 - Projected Clients Served in FY22 Area Plan	25
Form A1 - Actual FY21 Expenditures Reported by Locals	\$60,168	Form A1 - Actual FY21 Clients Served as Reported by Locals	22

Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider. Please identify how this fits within your continuum of care.

In-home supports, such as skills development and behavior management services, are provided to severely emotionally disturbed (SED) children by case managers throughout Box Elder, Cache, and Rich counties. In addition, respite services are provided to children classified as SED. This service provides families with temporary relief from the stress of managing difficult children and adolescents by providing structured activities and supervision of the child or adolescent during the respite period. Respite allows for children and families to have a planned break from one another, which is often a vital key to maintaining children in their homes and communities.

Families receiving respite services are also provided additional supportive services to assist them in coping with special needs youth. Child and adolescent programs and staff also provide a variety of

community support and involvement through partnership arrangements with the Division of Child and Family Services, the Division of Youth Corrections, the Juvenile Justice System, local School Districts, and other local entities invested in the integration of mental health services with community support resources.

Please describe how you determine eligibility for respite services. How is the effectiveness of the service measured?

Eligibility is determined through mental health assessment and conducting the Case Management Needs Assessment. This is measured by YOQ scores, care plan review and updates, feedback from other treatment providers and the client.

Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).

This is not an expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served that meet the 15% criteria.

Describe any significant programmatic changes from the previous year.

No significant programmatic changes are anticipated for the upcoming fiscal year.

17) Adult Peer Support Services

Heather Rydalch

Form A1 - FY23 Amount Budgeted:	\$49,000	Form A1 - FY23 Projected clients Served:	60
Form A1 - Amount budgeted in FY22 Area Plan	\$45,000	Form A1 - Projected Clients Served in FY22 Area Plan	62
Form A1 - Actual FY21 Expenditures Reported by Locals	\$28,430	Form A1 - Actual FY21 Clients Serviced as Reported by Locals	59

Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.

BRMH provides peer support services through face-to-face services provided by a peer support specialist for the primary purpose of assisting in the rehabilitation and recovery of adults with serious mental illness (SMI) through coaching, mentoring, role modeling, and as appropriate, using the peer support specialists' own recovery story as a recovery tool. Center client's may be assisted with the development and actualization of their own individual recovery goals.

Center staff employed in other positions (i.e., case management, skills development specialist, etc.) may also provide adjunct peer support services within the scope of their job description if they also meet the qualifications of a Peer Support Specialist (i.e., in recovery for SMI and completion of required training).

BRMH will employ three peer support specialists for the upcoming fiscal year. Two peer support specialists will be based in the Logan Outpatient Clinic, one acting as a peer support specialist and the

other as our Family Peer Support Specialist. We also have another peer support specialist placed in the Tremonton Outpatient Clinic. Each peer support specialist does individual and group peer support services while the family peer support specialist works with families.

Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served and number of services provided (15% or greater change).

There is not an expected increase or decrease in funding or the number of individuals.

Describe any significant programmatic changes from the previous year.

There are no significant programmatic changes from the previous year.

18) Family Peer Support Services

Tracy Johnson

Form A1 - FY23 Amount Budgeted:	\$15,000	Form A1 - FY23 Projected clients Served:	15
Form A1 - Amount budgeted in FY22 Area Plan	\$13,000	Form A1 - Projected Clients Served in FY22 Area Plan	13
Form A1 - Actual FY21 Expenditures Reported by Locals	\$17,790	Form A1 - Actual FY21 Clients Serviced as Reported by Locals	7

Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider. Describe how Family Peer Support Specialists will partner with other Department of Health & Human Services child serving agencies, including DCFS, DJJS, DSPD, and HFW.

As indicated above, Peer support is a face-to-face service provided by a Peer Support Specialist for the primary purpose of assisting in the rehabilitation and recovery of individuals with serious mental illness. With respect to children and youth, peer support services are provided to their respective parents/legal guardians, as appropriate to the child's age and clinical need. Through coaching, mentoring, role modeling, and as appropriate, using the peer support specialist's own recovery story and experience as a recovery tool, the parent or legal guardian of children and youth may be assisted with the development and actualization of their child's own individual recovery goals.

As Family Peer Support Specialist (FPSS) generally have first-hand experience living with a child or loved one who has emotional, behavioral, or mental health challenges, and are trained in the Utah Family Coalition Policy Training curriculum and as Certified Peer Support Specialists, Family Peer Support Specialist are instrumental in the delivery of peer-based recovery coaching for families struggling with the issues of mental illness and the systemic or societal barriers to mental health and wellness. Consequently, Family Peer Support Specialist, as Peer Support Specialists, provide peer-to-peer support in the course of their Center-related responsibilities. Subsequently, clients may be referred to the Family Peer Support Specialist or other peer support specialists, as determined necessary and appropriate.

Describe how clients are identified for Family Peer Support Specialist services. How is the effectiveness of the services measured?

The treatment coordinator identifies a need within the family for family peer support services. This is

typically identified as a need for enhanced community and natural supports. The Center's FPSS then conducts an assessment called Strengthen Need and Cultural Discovery (SNCD). The SNCD guides the FPS in needed services and in monitoring progress. Once the SNCD goals are met, the FPSS gradually reduces services until the family takes over. Completion of the program is determined by when the family no longer needs the services, because the program was effective.

Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served and number of services provided (15% or greater change).

Family Peer Support Services was unexpectedly discontinued in October 2021 due to the changes within *Allies With Families* and that agency suddenly discontinuing services. BRMH had utilized a services contract with *Allies with Families* to provide FPSS. Due to that unexpected change, FPSS services were not available until February 2022 wherein BRMH hired its own FPSS. Due to these changes, there may have been an unexpected reduction in services leading into FY 2023.

Describe any significant programmatic changes from the previous year.

Family Peer Support Services is slowly increasing within BRMH as we hired our own FPSS in February 2022. BRMH is also exploring utilizing FPSS in Box Elder County as well, depending upon clinical need for FPSS services.

19) Adult Consultation & Education Services

Pam Bennett

Form A1 - FY23 Amount Budgeted:	\$0	Form A1 - FY23 Projected clients Served:	0
Form A1 - Amount budgeted in FY22 Area Plan	\$0	Form A1 - Projected Clients Served in FY22 Area Plan	0
Form A1 - Actual FY21 Expenditures Reported by Locals	\$0	Form A1 - Actual FY21 Clients Serviced as Reported by Locals	0

Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.

In addition to being available to general questions that may come from other providers, Center staff continue to participate, as mental health system consultants, in a number of community forums and activities, such as local nursing home advisory, marriage and family therapy advisory, and Juvenile Justice Center participation. They also continue to be involved with a number of community agencies which focus on adult protective and safety issues, such as Aging and Adult Services and the Cache County Health Council. Consultation and education in these capacities are administratively rolled into staff responsibilities and not carved out into separately budgeted activities.

BRMH also plans to continue its participation with the local Citizens Against Physical and Sexual Abuse (CAPSA) administration in partnership efforts focusing on education, training, and consultation needs relative to CAPSA employees and services. In addition, the mental health center provides frequent consultation and education with families and individuals concerning involuntary mental health procedures, as well as general information about mental health related issues provided to local community and religious groups.

BRMH is an active member of the Cache Valley Homeless Council, which meets regularly under the auspices of Bear River Association of Governments, in order to address the issues, needs, and resources relative to problems of homelessness in Cache County.

BRMH will continue its participation on the planning and steering committees of the First District Mental Health Court, First District Drug Court, and Friends of Mental Health Court organizations, involving mental health systems programming, funding, and community liaison activities.

Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).

There is not an expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served that meets the 15% or greater criteria.

Describe any significant programmatic changes from the previous year.

No significant programmatic changes are anticipated for the upcoming fiscal year.

20) Children/Youth Consultation & Education Services

Leah Colburn

Form A1 - FY23 Amount Budgeted:	\$40,000	Form A1 - FY23 Projected clients Served:	
Form A1 - Amount budgeted in FY22 Area Plan	\$58,000	Form A1 - Projected Clients Served in FY22 Area Plan	
Form A1 - Actual FY21 Expenditures Reported by Locals	\$28,296	Form A1 - Actual FY21 Clients Serviced as Reported by Locals	

Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.

With respect to children and youth, Bear River Mental Health has established valued relationships with other community and state agencies in the tri-county area and will make every effort to be a contributing member to the community. The Center's children's services team consistently links and coordinates with schools, social agencies, [other mental health treatment providers](#), and State entities in Box Elder, Cache, and Rich counties, and has placed service staff on location in local school systems.

Also, children's services staff meet regularly with Local Interagency Councils and as part of juvenile mental health court teams, in both Brigham City and Logan, to coordinate and discuss service systems issues, enhance collaborative relationships, conduct interagency problem-solving, provide case consultation, plan for Department of Human Services (DHS) custody dispositions, as well as develop and coordinate mental health service planning for justice-involved children and youth.

Additional agency and community consultation and education, relative to children and youth, also occurs at the administrative level, by assignment, through the Center's executive and supervisory structure.

Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).

Projecting that there will be less consultation and education services in the schools.

Describe any significant programmatic changes from the previous year.

No significant programmatic changes are anticipated for the upcoming fiscal year.

21) Services to Incarcerated Persons

Pam Bennett

Form A1 - FY23 Amount Budgeted:	\$115,000	Form A1 - FY23 Projected clients Served:	400
Form A1 - Amount budgeted in FY22 Area Plan	\$114,556	Form A1 - Projected Clients Served in FY22 Area Plan	400
Form A1 - Actual FY21 Expenditures Reported by Locals	\$62,020	Form A1 - Actual FY21 Clients Serviced as Reported by Locals	292

Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider, and how you will coordinate with the jail to ensure service delivery is adequate.

BRMH provides limited services directly to incarcerated persons within the local county jails (one day in Box Elder County and four days in Cache County for Medicaid and unfunded individuals, and by emergency contact in Rich County). Master's level mental health therapists are assigned specific and weekly presence in both Box Elder and Cache County jails. BRMH has telehealth technology for the Rich County jail. Clinical services provided within the correctional facilities may include mental health assessment, crisis assessment and intervention, psychotherapy, and behavior management.

Coordination of this service starts with the correctional staff providing a list of inmates who have requested to see a mental health professional. In addition, jail staff may also specifically request that our staff meet with a specific inmate that they feel needs risk assessment and possible treatment planning. However, jail staff may forgo allowing inmates to sign up for time, and instead use the mental health time in the jail for those who present with the highest medical necessity.

BRMH staff is also actively and routinely engaged in conducting mental health court eligibility assessments in both Cache and Box Elder County jails. Many inmates are diverted each year from the correctional settings through the interception efforts accomplished through the First District Mental Health Court program, to which BRMH staff participate as mental health court committee members and liaisons between the mental health authority and the court.

BRMH is working in collaboration with a newly formed Cache County Community Crisis Response Coordination Team, which includes representatives from Cache County Sheriff's Office, Logan City Police Department, Bear River Substance Abuse, Intermountain Healthcare inpatient unit, USU, and the Cache County Attorney's office. The goal of this team is to help reduce recidivism at the jail by coordinating information and service efforts, at the earliest point possible. We have created a release form that will be available to any member of the team, and are in the process of writing a grant to hire case managers to coordinate efforts with various agencies, again, at the earliest possible time, once an individual is identified. Bear River will provide in-kind match toward this grant in the form of assigning representatives both to the coordination committee and to the case review team.

BRMH continues to provide mental health and crisis services directly to inmates within the jail, as well

as coordinating follow-up care with BRMH and other agencies upon release. BRMH is able to provide outpatient services to inmates released from jail regardless of Medicaid status or ability to pay.

Describe how clients are identified for services while incarcerated. How is the effectiveness of the services measured?

Incarcerated individuals are identified by jail staff using a mental health screening tool that identifies emotional distress or safety concerns, assess mental health history, or based on the individual's request for services and support. Outpatient clinicians who are working with incarcerated individuals prior to going to jail may also request services. Corrections staff working at the jail do an initial intake with each person who is incarcerated. The screening tool assesses general risk factors and mental health treatment history. The individuals who are incarcerated are then referred to a BRMH if there are risk factors or other needs present. Each individual who is incarcerated also has the ability to self-refer to BRMH for mental health services while incarcerated. The BRMH meets with those incarcerated individuals and conducts a mental health assessment, CSSRS/suicide risk assessment, and determination of risks towards others. This information is then used by the jail facility to determine where to safely house the incarcerated individual. Effectiveness of services are determined by reports from the intervening clinician, jail staff, and inmate.

Describe the process used to engage clients who are transitioning out of incarceration.

The BRMH clinician assigned to the jail works with the inmate at identifying treatment needs, connecting with resources in the community, and offering BRMH services. BRMH funding options allow for services regardless of ability to pay or Medicaid status.

Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).

There are no expected increases or decreases anticipated.

Describe any significant programmatic changes from the previous year.

BRMH submitted and was awarded a [renewal of a](#) grant through the Commission on Criminal and Juvenile Justice for increasing services to unfunded individuals involved with the justice system, or who have had any contact with police. We have been able to more than double the services offered in the jails, and have increased availability to the Rich County jail via telehealth or on site. We can also continue to serve unfunded individuals who are released from jails, through this grant, with the hope of reducing recidivism in the jails.

22) Adult Outplacement

Pam Bennett

Form A1 - FY23 Amount Budgeted:	\$3,500	Form A1 - FY23 Projected clients Served:	7
Form A1 - Amount budgeted in FY22 Area Plan	\$3,500	Form A1 - Projected Clients Served in FY22 Area Plan	7
Form A1 - Actual FY21 Expenditures Reported by Locals	\$3,000	Form A1 - Actual FY21 Clients Serviced as Reported by Locals	6

Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.

BRMH has identified housing as a critical factor that potentially threatens the timely transition of the state hospital or acute hospital patient into less restrictive living environments. The Center has endeavored to maintain its 24-hour residential facility to, in part, serve as both a hospital diversion, as well as a transitional discharge facility for adult SMI clients referred from both acute inpatient settings, as well as the Utah State Hospital.

In support of this transitional resource, the Center utilizes outplacement funds to cover the facility's room and board costs for state hospital clients during their initial and/or subsequent trial periods prior to state hospital discharge, as well as for the month following their formal institutional release.

Outplacement funds, identified on the formula allocation sheet in the Area Plan, are inclusive of a larger aggregate of funds relative to various funding subsets and are utilized according to identified need.

Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).

There is not an expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served that meets the 15% or greater criteria.

Describe any significant programmatic changes from the previous year.

No significant programmatic changes are anticipated for the upcoming fiscal year.

23) Children/Youth Outplacement

Codie Thurgood

Form A1 - FY23 Amount Budgeted:	\$0	Form A1 - FY23 Projected clients Served:	0
Form A1 - Amount budgeted in FY22 Area Plan	\$0	Form A1 - Projected Clients Served in FY22 Area Plan	0
Form A1 - Actual FY21 Expenditures Reported by Locals	\$0	Form A1 - Actual FY21 Clients Serviced as Reported by Locals	0

Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.

If the need arises, BRMH uses funds to support families in visiting their children at the state hospital. Funds may be used to help prevent children from going into higher levels of care and to help children transition to lower levels of care. BRMH provides these services directly.

Describe any significant programmatic changes from the previous year.

No significant programmatic changes are anticipated for the upcoming fiscal year.

24) Unfunded Adult Clients

Pam Bennett

Form A1 - FY23 Amount Budgeted:	\$0	Form A1 - FY23 Projected clients Served:	0
Form A1 - Amount budgeted in FY22 Area Plan	\$0	Form A1 - Projected Clients Served in FY22 Area Plan	0
Form A1 - Actual FY21 Expenditures Reported by Locals	\$0	Form A1 - Actual FY21 Clients Serviced as Reported by Locals	0

Describe the activities you propose to undertake and identify specific populations where services are and are not provided. For each service, identify whether you will provide services directly or through a contracted provider.

In addition to the unfunded \$2.7 school project, described relative to children and youth in the narrative section below, the mental health Center has identified additional domains for indigent/uninsured funding support for the following populations:

Eligible individuals in local correctional settings who are intercepted and diverted from incarceration through the First District Mental Health Court program.

Individuals currently under a court order of involuntary commitment to the custody of the local mental health authority for treatment. Without exception, such individuals are eligible for all medically necessary mental health services, regardless of funding.

24 hour on-call emergency (crisis) services to area residents upon request, irrespective of funding, will continue to be provided through the HMHI crisis line.

Services in county jails, as statutorily mandated, will continue as currently delivered. These services typically involve brief crisis/risk assessments and brief diagnostic assessments for population management, and are provided irrespective of funding.

Mental health service delivery to eligible individuals under, and consistent with, the requirements of any grant funding obtained through state, federal, or private entities throughout the life and availability of the grant resources.

Mental health evaluations for non-Medicaid drug court participants via referral from the First District Drug Court program, as far as possible and practical, without unduly compromising the Center's Medicaid/non-Medicaid service ratio.

Mental Health services, based on medical necessity, to individuals who are SMI.

For unfunded Adult clients BRMH uses excess money from revenue over expenditures or BRMH reserves.

Describe [agency](#) efforts to help unfunded adults become funded and address barriers to maintaining funding coverage.

BRMH [continues to employ a Medicaid](#) eligibility specialist who assists individuals with Medicaid eligibility and [who](#) may also link individuals to community resources. Case managers work with clients who are losing funding, such as Medicaid due to documentation requirements, or who are also otherwise unfunded. This eligibility specialist facilitates access to additional funding sources through BRMH.

BRMH also submitted and was awarded a grant through the Commission on Criminal and Juvenile Justice to increase services to unfunded individuals involved with the justice system, or who have had any contact with police. We have been able to more than double the services offered in the jails, and have increased availability to the Rich County jail via telehealth or on site.

[We sought, and were awarded, a small, \\$20,000 grant from ICH for unfunded service coverage.](#)

Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).

There is not an expected increase or decreases in funding or number of individuals.

Describe any significant programmatic changes from the previous year.

There are no anticipated significant programmatic changes.

25) Unfunded Children/Youth Clients

Leah Colburn

Form A1 - FY23 Amount Budgeted:	\$61,879	Form A1 - FY23 Projected clients Served:	65
Form A1 - Amount budgeted in FY22 Area Plan	\$61,854	Form A1 - Projected Clients Served in FY22 Area Plan	65
Form A1 - Actual FY21 Expenditures Reported by Locals	\$61,939	Form A1 - Actual FY21 Clients Serviced as Reported by Locals	81

Describe the activities you propose to undertake and identify specific populations where services are and are not provided. For each service, identify whether you will provide services directly or through a contracted provider.

The integrated mental health delivery system for uninsured and underinsured individuals within the Box Elder County, Cache County, Rich County, and Logan school districts will continue, as previously implemented.

Clinicians involved with this project work in collaboration with school administrators and counselors, and schedule available clinical time, on-site, with schools in each of the above referenced districts. This approach is viewed as both an access and delivery point for children and youth, as well as parents/families of the students engaged in the on-site mental health services.

Additionally, children and youth involved in the area's juvenile mental health court program, irrespective

of funding, fit within the Center's service priority and are eligible for participation in the Center's sliding-fee payment schedule where existing insurance coverage does not include all services considered medically necessary, or where the client is private pay.

BRMH has a contract with the Box Elder School District to provide services to identify youth. BRMH also endeavors to find funding options in order to provide services for SED youth.

Describe [agency](#) efforts to help unfunded youth and families become funded and address barriers to maintaining funding coverage.

BRMH hired an eligibility specialist who assists individuals with Medicaid eligibility and may also link individuals to community resources. Case managers work with clients who are losing funding, such as Medicaid due to documentation requirements, and facilitating access to additional funding sources through BRMH. School based services may be provided through school district grants and additional funds, including telehealth services. We were additionally awarded a telehealth grant for children/youth in the schools, which will allow for more services to unfunded children/youth. BRMH has helped more than 70 unfunded individuals obtain coverage.

Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).

BRMH is anticipating a funding decrease in FY 23 at the expiration of a telehealth grant and being unable to completely utilize the grant due to staffing issues. BRMH tried to hire for a full-time telehealth therapist utilizing grant funding and was unable to do so completely. A 20% FTE was used for a portion of this grant and the grant funding will not continue in FY23.

Describe any significant programmatic changes from the previous year.

BRMH was also awarded a telehealth grant for services to unfunded children and youth in the schools last year. [We were predominantly not able to hire the therapist in FY 21/22, and thus will not seek renewal of this funding in the next fiscal year.](#) No significant programmatic changes are anticipated given [we were not able to provide many services under this funding in the first place, due to the staffing shortage.](#)

26) Other non-mandated Services

Form A1 - FY23 Amount Budgeted:	\$0	Form A1 - FY23 Projected clients Served:	0
Form A1 - Amount budgeted in FY22 Area Plan	\$0	Form A1 - Projected Clients Served in FY22 Area Plan	0
Form A1 - Actual FY21 Expenditures Reported by Locals	\$0	Form A1 - Actual FY21 Clients Served as Reported by Locals	0
Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.			

As referenced previously, the mental health Center is currently participating with the Bear River Health Department, subsequent to grant funding received by the health department, relative to the development of a community-wide suicide prevention system.

Bear River Mental Health also provides access to online screening tools, through our website, for substance abuse, gambling, depression, anxiety, bipolar, eating disorders, psychosis, and well-being, concluding with how to get help.

BRMH also participates in local related events, and has invested in a tent, tables, educational and marketing materials for these events in order to present a professional presence to help spread the word of mental wellness. We participate in as many of these events, that seem to have a theme that fits, as we can find staffing for. Additionally, we have purchased advertisement space, to get our name out there in positive ways, and to ensure all have access to the crisis line numbers. We have published articles and flyers with the same goal, and plan to continue to do those things.

Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).

There is not an expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served that meets the 15% or greater criteria.

Describe any significant programmatic changes from the previous year.

No significant programmatic changes are anticipated for the upcoming fiscal year.

27) First Episode Psychosis Services

Jessica Makin

Form A1 - FY23 Amount Budgeted:	\$0	Form A1 - FY23 Projected clients Served:	0
Form A1 - Amount budgeted in FY22 Area Plan	\$0	Form A1 - Projected Clients Served in FY22 Area Plan	0
Form A1 - Actual FY21 Expenditures Reported by Locals	\$0	Form A1 - Actual FY21 Clients Serviced as Reported by Locals	0

Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.

Clients are screened at the initial intake for first time psychosis, and on an ongoing basis through treatment planning and assessment. BRMH provides the services directly.

Describe how clients are identified for FEP services. How is the effectiveness of the services measured?

Clients are identified through the intake process and on an ongoing basis through treatment planning and assessments.

Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).

Describe any significant programmatic changes from the previous year.

No significant programmatic changes are anticipated for the upcoming fiscal year.

28) Client Employment

Sharon Cook

Increasing evidence exists to support the claim that competitive, integrated and meaningful employment is an essential part of the recovery process and is a key factor in supporting mental wellness.

In the following spaces, please describe your efforts to increase client employment in accordance with Employment First 62A-15-105.2

Competitive, integrated and meaningful employment in the community (including both adults and transition-aged youth).

BRMH devotes specific attention to supportive factors of employment that underlie the recovery process and the perpetuation of mental health and wellness and functional rehabilitation.

BRMH is implementing to fidelity the Individual Placement and Support (IPS) program to provide supportive employment center wide. This represents an expansion of a successful, modified Bear River House-based IPS program. The IPS model is an evidenced based form of Supportive Employment (SE) being operated in partnership with the Division of Vocational Rehabilitation Services and Department of Workforce Services. In addition to helping clients find employment rapidly, IPS includes tailored services based on client preferences and occupational goals, and collaboration with mental health providers, benefits counselors, and case management support. IPS operates on the assertion that employment is therapeutic and a key component of recovery for SPMI individuals. IPS key principles include rapid job search, systemic job development, zero exclusion, focusing on client preference, and unlimited support.

IPS is administered via a center-wide SE specialist who acts as the primary liaison between BRMH and, Vocational Rehabilitation, and community employment partners. The SE specialist is supervised independently in each county, and coordinates with client-specific case managers. IPS assists BRMH clients at choosing, obtaining, and keeping community-based employment opportunities. IPS provides opportunities for clients to enhance educational opportunities, such as literacy, high school equivalency, training, volunteer work, and higher education opportunities.

The adult psychosocial program Transitions Track addresses the issue of community re-integration and focused attention on skills development relative to the areas of life and work, directly applicable to employment settings and employer-employee relationship skills. The Transition Track helps adult clients prepare for integration into the competitive workforce and access community resources and programs that further facilitate opportunities for competitive employment.

BRMH partners with the Mental Health Court program for justice-involved clients and supports expectations for client involvement in productive activities, included work-related pursuits. Clients are assisted through the IPS and Transition Track programs.

Targeted case management services assist clients by identifying employment and vocational needs, helping to develop goals and interventions, and coordinating with internal and external resources and services.

The referral process for employment services and how clients who are referred to receive employment services are identified.

Client needs are identified at intake and on an on-going basis. Clients who are identified as having employment needs are referred to the IPS or Transitions Track programs, depending on their situation. These programs and targeted case management work with client at connecting them to community employment resources and services. IPS and targeted case managers provide ongoing coordination with community services to ensure that employment needs are being met.

Collaborative employment efforts involving other community partners.

IPS partners directly with the Division of Vocational Rehabilitation to establish client eligibility for services and fast-track the development of employment goals and access to community opportunities exclusive to the IPS program. Case managers coordinate with the Division of Workforce Services in connecting clients with additional resources and supports. Coordination with the local Mental Health Court program is key to assisting court-involved clients in achieving occupational goals.

Collaboration efforts are enhanced through staff assignments to participate in numerous community comities, coalitions, and councils, including the Local Interagency Council, Systems of Care for Northern Utah, Domestic Violence Coalitions, Suicide Prevention Coalitions, Behavioral Health Network, Community Outreach Subcommittee, etc.

Employment of people with lived experience as staff through the Local Authority or subcontractors.

BRMH employs a Family Support Specialist by contracting with Allies With Families, Peer Support Specialists, and client employment positions including receptionist, janitor, and cook.

Evidence-Based Supported Employment.

BRMH is implementing to fidelity the Individual Placement Service program, which is an evidence-based supportive employment program with an established track record of successful outcomes and implementation throughout the state.

29) Quality & Access Improvements

Identify process improvement activities:

Evidence Based Practices: In this section please describe the process you use to ensure fidelity to EBPs. Attach a list of EBPs in the attachment section.

Bear River Mental Health has specifically assigned supervisory staff to support, and periodically sponsor, clinical staff training on evidenced based therapeutic approaches to mental health treatment. Also, incorporated within the Center's treatment planning document is an Evidence Based Practice selection box which prompts and directs clinical attention to a consideration of EBPs that the clinician intends to apply in the treatment and care plan for each client. The selection box highlights those EBPs of which the Center is actively engaged. This strategy, to cue evidenced related practice models, serves to shape clinical practice in this direction, as well as inform clinical staff of relative treatment options.

BRMH has included a section in the supervision documentation template to remind supervisors to randomly audit for fidelity. Supervisors also utilize observance and documentation review to audit for fidelity.

Outcome Based Practices: Identify the metrics used by your agency to evaluate client outcomes and quality of care.

Outcome measurement and evidence-based practice are complementary activities, as both efforts contribute to the support and maintenance of quality health care. The use of technology, medications, and other interventions, ideally, should be based on sound scientific evidence of efficacy and effectiveness in clinical practice. As measurement of clinical outcome can decidedly contribute to and strengthen the process of improving clinical practice, BRMH periodically provides training to its provider staff relative to the OQ and YOQ outcome-based instruments.

The furtherance of these efforts to incorporate evidence and outcome based practice into the Center's service philosophy and delivery, and to continue utilization and analysis of OQ and YOQ instruments, specifically, are considered critical and instrumental to the issues of quality improvement and these efforts will be ongoing.

Service Capacity: Systemic approaches to increase access in programs for clients, workforce recruitment and retention, Medicaid and Non-Medicaid funded individuals, client flow through programming

BRMH was awarded a telehealth grant for FY 21/22 which it was able to partially utilize to provide services with a 20% FTE. Due to significant difficulty in hiring for this position, BRMH was unable to completely utilize the grant funding and additional funding for FY23 was not pursued due to difficulty hiring for a completely telehealth position. BRMH does all that it can to provide the appropriate level of services at the appropriate time and this can include the use of telehealth technology when available and clinically indicated.

Additionally, service capacity to justice-involved individuals will continue in the upcoming fiscal year through the First District Mental Health Court program. This program, in combination with the Justice Reinvestment Initiative, has been expanded further with the 2nd year award of a CCJJ grant for unfunded individuals involved with the justice system, or who have had any contact with police. This will broaden screening, assessment, and recovery support services for mentally ill offenders throughout BRMH's service area.

BRMH has used ARPA funds for retention bonus. Staff salaries have been increased as well as leave time. Continuing education funding has been wrapped into salaries in order to help BRMH appeal to more applicants. We also provide regular staff BBQs to help with communication and engagement of staff one to another.

Efforts to respond to community input/need. Describe your participation with key community partners (e.g.: Multi-Agency Coordinating Committees, Regional Advisory Councils, High Fidelity Wraparound teams, Local Interagency Councils, Local Recovery Community, Peer Advocacy Groups, County Attorney, Law Enforcement, Local Education Agencies, Courts, Regional Healthcare Coalitions, Local Homeless Councils, and other partnership groups relevant in individual communities).

BRMH participates in community partnerships and coalitions, as described previously, which represent direct efforts to keep abreast of community input relative to mental health service needs and development of appropriate response options. We are participating, more than ever, in collaborative efforts with our community partners, and particularly are coordinating and collaborating more with local

law enforcement agencies.

Examples include, but are not limited to, participating in monthly or bi-monthly Local Interagency Council, Regional Advisory Council/Systems of Care, Childrens Coordination Council, USH Continuity of Care, Suicide Prevention Coalition, statewide Clinical Directors Meeting, BRHD Integrated Care Program, Youth Civil Commitment, myStrength Implementation Team, Community Crisis Committee, Mental Health Court Committee, Local Homeless Coordinating Council, IHC Mental Health Community Outreach Committee, Domestic Violence Coalition, School District Threat Assessment Committee, law enforcement Crisis Intervention Team, Children's Justice Center Coalition, Utah Crisis Line coordination, IHS Pediatric Referral Committee, etc.

Describe how mental health needs for people in Nursing Facilities are being met in your area

BRMH has a working relationship with the nursing facilities within its catchment area, with some nursing facilities receiving routine visits from therapists. It is the practice of nursing facilities, which do not receive routine visits, to contact BRMH when they have a client with mental health needs who is enrolled with Medicaid. These services are provided. There are some nursing facilities that are not interested in our services, but understand that they can contact BRMH if the need arises.

Telehealth: How do you measure the quality of services provided by telehealth? Describe what programming telehealth is used in.

BRMH has all clinical providers set up, trained and available to use the telehealth system that DSAMH has offered. This system is used for all services on an "as needed" basis and has been especially helpful as we navigated the ongoing COVID-19 pandemic and have continued to utilize this technology when clinically indicated and when client needs are best met through telehealth.

BRMH intends to use telehealth services where it is clinically indicated and necessary. All clinical staff at BRMH have been trained on using the state telehealth system and received additional training on how to effectively provide telehealth services. Telehealth services are available for services that are indicated on each client's active care plan. These services could include: individual and family therapy, case management, skills development services, group services, and medication management services. The quality of services rendered are evaluated through the use of the OQ/YOQ assessment questionnaire, care plan formulation and review, gathering of information from other treatment providers, and gathering input directly from clients and caretakers.

Describe how you are addressing maternal mental health in your community. Describe how you are addressing early childhood (0-5 years) mental health needs within your community. Describe how you are coordinating between maternal and early childhood mental health services. Technical assistance is available through Codie Thurgood: cthurgood@utah.gov

We have several staff trained in maternal issues. Additionally, we have several staff who work with young children and have received specialized training in early childhood issues. [Ian Hancock, LCSW](#) has particular interest in the area of perinatal and paternal mental health.

BRMH has been working with IHC Budge Pediatrics to improve service delivery and coordination of services for children. This has been accomplished by creating an authorized inter-agency release of information and a streamlined referral and intake process to ensure that children and youth needing mental health and/or pediatric care receive services needed in a timely and effective manner. [We have also been working on more efficient ways to share information back and forth quicker and securely. We have been involved in regular coordination and planning meetings to further improve coordination of services between BRMH and the medical providers of clients receiving services in our agency, including children and youth.](#)

Other Quality and Access Improvement **Projects** (not included above)

BRMH has a renewed focus on tracking the follow up after hospitalization of clients that have needed inpatient hospitalization. Processes have included improving the tracking report, printing it more frequently, and sharing the results for review of where improvements can be made. We have also assigned our Senior Psychologist over training, who has a specific interest and appreciation for the OQ and YOQ to oversee training and improvement. His efforts have already resulted in improvement in the number of instruments opened and utilized as part of the visit. Although BRMH continues to have difficulty with the YOQ given the number of our children and youth services being provided in schools, We plan to continue to find ways to improve both the numbers administered, the results that are utilized in treatment, and the overall summary data for the YOQ. **We have additionally hired a case manager, under a grant obtained by the Office of Substance Abuse and Mental Health, to provide follow up with any individual hospitalized through the Logan Behavioral Health Unit, whether they are our clients or not. We hope to be able to help all individuals receive follow-up care through BRMH or another community provider.**

Additionally, **continued revisions** to the Center's website, **relating to Medicaid requirements as well as information from the work with the individuals from the Office of Substance Abuse and Mental Health around diversities, can be seen at BRMH.com and on our social media accounts.** **We continue efforts to present** BRMH in positive ways, and to be able to also share information quickly to our community. While **our** website contains much of the same information, **we are working to present it** in a more **diverse** user friendly way. **Our changes to the website as well as the social media accounts have been well received.**

We have also had specific training for the entire staff on implicit bias from Dr. Parker, as recommended by the Office of Substance Abuse and Mental Health and have future more intensive trainings scheduled for upcoming months.

30) Integrated Care

Pete Caldwell

Describe your partnerships with local Health Departments, accountable care organizations (ACOs), federally qualified health centers (FQHCs) and other physical health providers.

BRMH's Tremonton facility co-locates mental health, physical health, and substance abuse services in partnership with the Bear River Health Department, FQHC, and others in the catchment area, serve as a referral source for unfunded county residents in need of physical and mental health services. BRMH in turn serves as a referral source back to the FQHC. BRMH also, at times, subcontracts with the FQHCs for mental health services. BRMH also, just recently, will be participating in a 5-year grant focused on better integration of services in partnership with the Bear River Health Department and the Midtown Community Health Center. This grant will tract the integration efforts of up to 300 shared clients.

BRMH has committed to a collaboration, through a Federal grant, with the Bear River Health Department, wherein the Health Department, BRMH, and the FQHC will provide a full care team (primary care, mental health, and substance abuse), by committing to daily meetings together for team integration planning on shared clients.

The CEO of BRMH is a member of the local IHC Community Outreach Board subcommittee.

As indicated above, another example is the partnership we have with Budge Clinic around improving

procedures in order to share information back and forth more efficiently, while keeping the security requirements in place.

We are working with the local Health Department around making a decision regarding capitating the Medicaid Substance Abuse encounters under BRMH, which would also open the door to share clients (get services) in our specific service areas more expeditiously.

Our medical team and case managers interface on a frequent daily basis, with clients and their medical providers, around total client wellness. These activities are documented in client notes.

Describe your efforts to integrate care and ensure that children, youth and adults have both their physical and behavioral health needs met, including screening and treatment and recovery support. Identify what you see as the primary barriers to implementing integrated care at your agency and your efforts to overcome those barriers. Please also describe how you will provide education and referrals to individuals regarding physical health concerns (i.e., HIV, TB, Hep-C, Diabetes, Pregnancy).

Bear River Mental Health collects relevant psychosocial, mental health, substance use, and medical histories at intake for all clients receiving services. This information can be updated at each care plan review or whenever it is clinically necessary. This information is useful in guiding treatment for each client and treatment needs can change over time. Bear River Mental Health utilizes a team approach to provide the appropriate levels of mental health treatment at the appropriate time with the appropriate providers. Additionally, Bear River Mental Health recognizes the importance of working with substance use treatment providers, primary care providers, and specialized care providers to ensure that both the mental health needs, substance use treatment needs, and medical needs of our clients are being addressed.

Providers at Bear River Mental Health seek out opportunities to obtain needed releases of information so that coordination of care can occur between mental health and other professionals and natural supports.

Our medical staff consists of Nurse Practitioners, Nurses, and Medical Assistants. Their training enables them to be aware of potential medical needs for our clients and if a medical concern is identified, the team works to make appropriate referrals and provide needed information to the professionals the clients are referred to. Our medical staff works with medical professionals within the community to share and gather needed medical information and update the treatment teams when clinically indicated. Our counseling staff are encouraged to update and coordinate with professionals involved in the client's care as needed to ensure that the medical providers, other professionals, and natural supports are aware of treatment progress and needs.

Weekly clinical staff meetings are attended by the clinical staff, case managers, and our medical team which allows for BRMH to discuss client needs and get recommendations and suggestions from other professionals within the agency. Therapists and case managers may become aware of new medical concerns about specific clients and can update the BRMH medical team and get recommendations and suggestions for seeking out primary care or specialized care, if medically indicated. Through effective coordination utilizing a team approach at BRMH, the staff are able to effectively and efficiently assist clients in getting mental health needs, substance use treatment needs, or medical needs addressed appropriately.

The primary barrier to this practice is obtaining needed releases of information to honor and respect the privacy of our clients while also meeting the needs of coordination of care with other providers and supports in the community. Releases of information are obtained whenever possible to ensure that the

clients are aware of this coordination of care and are in agreement to it. As mentioned above, Bear River Mental Health works with IHC to utilize a shared inter-agency release of information and referral form to improve coordination of services and help meet the needs of our mutual clients.

Describe your efforts to incorporate wellness and wellness education into treatment plans for children, youth and adults. Please consider social determinants of health in your response.

Intake assessment and case management needs assessment identify specific wellness concerns which include a review of healthcare, education, social and community, economic stability including housing needs, etc. Therapists and case managers incorporate these needs into treatment planning. Clients are encouraged to set wellness goals and have access to groups and services at BRMH designed to meet these needs, including smoking cessation, fitness, and wellness activities. Clients are linked to medical providers and have access to integrated care resources to help facilitate follow-up.

Quality Improvement: What education does your staff receive regarding health and wellness for client care including children, youth and adults?

Part of our assessment and treatment planning activities involves physical health issues, assessing ADL's using the DLA-20 and referrals to prescribers, both internally and externally. Our med team routinely orders labs, reviews them and coordinates with PCP's as needed. We coordinate with the local Health Department and other health specific entities as needed. BRMH also has Case Managers who have been trained in tobacco cessation and regularly assist clients in accessing the Utah Quit line and their PCP for Medication Assisted Therapy. BRMH regularly coordinates with specialized health care providers.

Medical staff and medication providers within BRMH, including but not limited to medical assistants, nurses, Advanced Practice Registered Nurses, and Medical Doctors, attended weekly clinical staff meetings. In these meetings, medical staff inform treatment providers about general health and wellness considerations, as well as medically necessary information about specific clients, if needed. During the course of treatment, clients are referred to appropriate medical providers within the community as needed. If the client needs additional support in accessing and maintaining appropriate levels of medical care, then a case manager is assigned to the client to assist with the process. Our documentation system, includes a prompt to help bring attention to this consideration.

Describe your plan to reduce tobacco and nicotine use in SFY 2023, and how you will maintain a nicotine free environment as a direct service or subcontracting agency. For ongoing engagement, it is recommended to use an evidence-based nicotine dependence tool such as the Fagerstrom scale. SUD Target= reduce tobacco and nicotine use by 4.8%.

The Center's adult day programs spearhead activities directly addressing smoking cessation and health/wellness strategies. The Brigham City House program supports formal staff education and training in smoking cessation, and periodically conducts smoking cessation groups as part of its psychosocial rehabilitation program. Staff have trained on and use an evidence-based tobacco cessation based program (recovery plus). Further, BRMH is a smoke free campus.

Additionally, the Center's Bear River House adult psychosocial rehabilitation program in Logan also conducts weekly health and wellness and exercise groups, and will continue these programmatic efforts in the interest of promoting consumer development and adoption of healthy lifestyle change as an inclusive part of an overall system of care.

BRMH has also made all of its outpatient facility property/grounds tobacco and nicotine free. Signage

has been posted alerting clients and the general public of the tobacco and nicotine free requirements.

Furthermore, the Center's Bear River House program plans to continue sponsorship of staff training and certification in smoking cessation, as well as the development and implementation of smoking cessation psychosocial groups in further support of the development and promotion of a culture of health and wellness.

BRMH will be reviewing the possibility of using the Fagerstrom or other evidence-based rating scale with the administrative team at a later time.

Describe your efforts to provide mental health services for individuals with co-occurring mental health and autism and other intellectual/developmental disorders. Please identify an agency liaison for OSUMH to contact for IDD/MH program work.

BRMH treats those individuals with co-occurring diagnosis for mental health treatment and refers the individual to other providers for autism and other intellectual/developmental disorders treatment. Our agency liaison is Tim Frost.

31) Children/Youth Mental Health Early Intervention

Leah Colburn/Tracy Johnson

Describe the Family Peer Support activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider. For those not using MHEI funding for this service, please indicate "N/A" in the box below.

BRMH has chosen to use the early intervention funds for School-Based Mental Health.

Include expected increases or decreases from the previous year and explain any variance over 15%.

There are no expected changes in funding and/or any expected changes in the number of individuals served.

Describe any significant programmatic changes from the previous year.

No significant programmatic changes are anticipated for the upcoming fiscal year.

Do you agree to abide by the Mental Health Early Intervention Family Peer Support Agreement? YES/NO

Yes.

32) Children/Youth Mental Health Early Intervention

Leah Colburn/Nichole Cunha

Describe the Mobile Crisis Team activities you propose to undertake and identify where services are provided. Please note the hours of operation. For each service, identify whether you will provide services directly or through a contracted provider. For those not using MHEI funding for this service, please indicate "N/A" in the box below.

BRMH has chosen to use the early intervention funds for School-Based Mental Health.

Include expected increases or decreases from the previous year and explain any variance over

15%.

There are no expected changes in funding and/or any expected changes in the number of individuals served.

Describe any significant programmatic changes from the previous year.

There are no significant programmatic changes expected.

Describe outcomes that you will gather and report on. Include expected increases or decreases from the previous year and explain any variance over 15%.

There are no expected changes in funding and/or any expected changes in the number of individuals served.

33) Children/Youth Mental Health Early Intervention

Leah Colburn/Scott Eyre

Describe the School-Based Behavioral Health activities you propose to undertake. Please describe how you intend to support family involvement in treatment. For each service, identify whether you will provide services directly or through a contracted provider. Please include: any partnerships related to 2019 HB373 funding and any telehealth related services provided in school settings. For those not using MHEI funding for this service, please indicate "N/A" in the box below.

BRMH works with several school districts within all three county areas to provide in-school services to at-risk students in elementary and secondary schools. Parents are invited to team with school and agency personnel to help students who are struggling with a variety of social and emotional problems that impact their educational success, promote their overall mental health, and prevent students from needing out-of-home treatment.

Individual therapy and family therapy are offered during the school day, at home, or in the office environment, by a mental health therapist. A mental health assessment, with a follow up treatment plan is developed in conjunction with children and family members.

Each child that becomes a client, as a result of activities in the school, will receive regular contact with the clinician and/or the case manager assigned to the case. Where needed, outreach services extend to the home or other places in the community. Each child will be assessed and receive the medically necessary services indicated, based on the severity of their situation. Specific activities include individual therapy, meds (only provided in office), case management, psychosocial rehabilitation. BRMH will be the sole provider of services. Additionally, children in Cache County school based services seen through the outreach funding, that need additional support beyond therapy are referred to the FPSS for wrap around services

BRMH will serve children and youth regardless of funding source (unfunded, underinsured, or Medicaid) as far as resources allow.

Include expected increases or decreases from the previous year and explain any variance over 15%.

There are no expected changes in funding and/or any expected changes in the number of individuals

served.

Describe any significant programmatic changes from the previous year and include a list of the schools where you plan to provide services for the upcoming school year. (Please email Leah Colburn lacolburn@utah.gov a list of your FY23 school locations.)

Bear River Mental Health started providing mental health therapy via Telehealth in Fall 2018. This technology has allowed clinicians to provide therapy to students in rural areas and to those students in other areas who have limited means to accessing traditional outpatient therapy. Telehealth services are being provided at [Promontory School of Expeditionary Learning](#) as well as Rich High School in Randolph, Utah.

In FY23, BRMH intends to have a licensed mental health therapist continue to provide counseling services to students within the elementary schools of Cache County School District and select elementary schools within Logan School District. Secondary schools and high schools within each school district will have the option of a therapist providing services to Medicaid-funded youth on an as-needed basis when appointments at the outpatient clinic are difficult for the client or family, and due to the loss of funding within the telehealth grant due to significant difficulty hiring for that position. In years past, BRMH has utilized clinicians to provide school based services.

However, schools have continuously hired clinicians to work within the school system and provide limited mental health services. Due to ongoing increased demands for outpatient services and losing staff to schools, BRMH may adjust school based services towards case management level individual and skills groups to effectively and efficiently meet the ever increasing demands for outpatient services. Rich County School District will continue to receive school-based mental health services from a mental health clinician as has been provided in previous years.

Cache County School District

BRMH intends to have clinical staff available to provide school-based mental health services when clinically indicated at the following elementary schools within CCSD for the upcoming school year: (K-6th Grade): Birch Creek, Canyon, Cedar Ridge, Greenville, Heritage, Lewiston, Lincoln, Millville, Mountainside, Nibley, North Park, Park, Providence, River Heights, Summit, Sunrise, and Wellsville.

Middle schools and high schools within CCSD will be able to contact BRMH for assistance and consultation if needed. Students at these schools needing services may be routed towards the Logan Outpatient Clinic, pending staff availability and grant funding, or referred to appropriate community providers. BRMH will continue to provide school-based counseling services at InTech Collegiate Academy in the upcoming school year.

Logan School District-

BRMH intends to provide clinical staff to two elementary schools within Logan School District for school-based mental health services as has been provided in previous years.
Elementary Schools (K-6th Grade): Ellis, Woodruff.

Box Elder School District-

Elementary Schools (K-6th Grade): Northpark, Garland, McKinley, Lakeview, Mountainview, Foothill, Discovery, Century, Park Valley (Telehealth), Grouse Creek (Telehealth), and ACYI Harris Intermediate School

Middle Schools (7th-8th Grade): Bear River Middle School, Box Elder Middle School

High Schools (9th-12th): Box Elder High School, Bear River High School

Rich County School District-

Elementary Schools (K-6th Grade): South Rich Elementary.

Middle Schools (7th-8th Grade): Rich Middle School.

High Schools (9th-12th Grade): Rich High School.

The schools who have been able to receive mental health counseling services have greatly appreciated that mental health care has been available to the students in need such that the services currently provided are expected to continue to next year. Additionally, schools not currently receiving mental health services have approached Bear River Mental Health about possibly adding services, [including some charter schools within the CCSD area](#).

[Additionally, BRMH has worked with CCSD and BESC to conduct several free mental health screenings through the previous and upcoming school years for students K-12 within each school district. These screenings allow for parents and students to meet with a clinician from BRMH and learn about discuss results of a private mental health screening, receive information about services available, ways to cope with and manage mental health symptoms in effective ways, and how to seek out services when needed. Also, each participant receives a 'coping skills plan' to help each student cope with stress, anxiety, or other mental health concerns in safe and effective ways. These screening nights also allow for referrals into BRMH services or immediate supports from our Youth MCOT if needed.](#)

Please describe how you plan to collect data including MHEI required data points and YOQ outcomes in your school programs. Please identify who the MHEI Quarterly Reporting should be sent to, including their email.

BRMH works closely with school staff at the schools receiving school-based mental health services from the agency. The therapists providing school-based services are trained on which data is to be collected during the school year and how to provide the data to the state. The therapists work to utilize the YOQ at intake and monthly during ongoing care. The YOQ can be administered in person if the caretaker of the client is present or through an online portal. BRMH regularly trains staff on the importance of YOQ utilization and how to gather the YOQ consistently while the client is in treatment.

[Also, office referrals, grade point average, self-report from parents of children receiving services, and other behavioral concerns are also points of data that are collected as part of the MHEI program.](#)

Emails about MHEI quarterly reporting should be sent to Tim Frost, Clinical Supervisor. His email address is timf@brmh.com

Identify, define and describe all current strategies, programs and activities in place in suicide prevention, intervention and postvention. Strategies and programs should be evidence-based and align with the Utah State Suicide Prevention Plan. For intervention/treatment, describe your policies and procedures for suicide screening, risk assessment, and safety planning as well as suicide specific treatment and follow up/care transition services. Describe how clients are identified for suicide specific services. How is the effectiveness of the services measured? Include the evaluation of the activities and their effectiveness on a program and community level. If available, please attach the localized agency suicide prevention plan or link to plan.

Prevention coalitions exist within Cache and Box Elder counties, with the goal of raising awareness in the community and working toward community prevention solutions. BRMH is an active member (i.e. provides mental health expertise, consultation, input, etc.) in the Cache County Suicide Prevention Coalition, Northern Box Elder County Suicide Prevention Coalition, and Brigham City Suicide Prevention Coalition. The Northern Box Elder County Suicide Prevention Coalition has focused on a "town hall meeting" where community members could learn about the problems of suicide in the community. This coalition consists of community mental health, public health, local hospital and medical providers, schools, local government and interested community members, who initiated a well-attended "town hall meeting" where community members, local government, medical providers, schools and agencies learned about the problems of suicide in the community. This forum is currently planned as an annual event, which will continue to raise awareness in this rural area where resources and awareness are identified obstacles to preventing suicide. Additionally, this coalition has sponsored a remembrance walk, a monthly meeting, and is working on a media campaign featuring local families affected by suicide. The Brigham City Suicide Prevention Coalition involves the application of a grant that provided training in suicide prevention via *Question, Persuade, Refer*, an evidenced based practice.

Additionally, the Center's Early Intervention grant is utilized in Box Elder and Cache counties to provide school based psycho-education, case management, and psychotherapy services designed to prevent self-harming behaviors in youth identified within the school setting. Consequently, referral to community partners and resources, that may reduce psychosocial stressors associated with suicidal ideation, is readily available to school-based populations.

INTERVENTION:

Crisis/suicide intervention services are available during business hours at Bear River Mental Health outpatient clinics. A crisis intervention hotline number is accessible for telephone consult with a crisis clinician after business hours. Bear River Mental Health consults, regularly, with community partners who may identify someone at risk for self-harm.

BRMH has trained all clinician on the CSSRS tool to assess the likelihood of suicide risk. Training has been given on how to assess and write same day safety plans. Clients are given access to BRMH's crisis line.

POSTVENTION:

All persons seen by BRMH crisis workers are referred for follow up by BRMH staff or community partners. Medicaid clients and clients in the Center's identified priority populations may receive additional supports from BRMH to assure that they receive postvention services that address the risks, strategies, and interventions targeted toward suicidal recidivism.

Clinicians reach out to family members and community members to assess needs, offer follow up therapy and support.

Identify at least one staff member with suicide prevention responsibilities trained in the following OSUMH Suicide Prevention programs. If a staff member has not yet been identified, describe the plan to ensure a staff member is trained in the following:

1. Suicide Prevention 101 Training
2. Safe & Effective Messaging for Suicide Prevention
3. Suicide Prevention Gatekeeper training, such as Question-Persuade-Refer (QPR), Mental Health First Aid (MHFA), Talk Saves Lives or Applied Suicide Intervention Skills Training (ASIST)

Adam Boman will fill this role and will ensure he is trained to the required standard.

Describe all current strategies in place in suicide postvention including any grief supports. Describe your plan to coordinate with Local Health Departments and local school districts to develop a plan that identifies roles and responsibilities for a community postvention plan aligned with the Utah Suicide Coalition for Suicide Prevention Community Postvention Toolkit. Identify existing partners and intended partners for postvention planning. If available, please attach a localized suicide postvention plan for the agency and/or broader local community or link to plan.

BRMH does not receive prevention funding. Those funds have historically gone to the Health Department. BRMH will participate in coalitions and in planning along with the agency who receives these funds.

All persons who present for services at BRMH are assessed for risk of self-harm and harm to others as part of the mental health assessment. At risk clients are discussed in weekly intervention case staffings, and outreach services are offered to those identified as needing additional assessment and support. Individuals receiving services are screened for harm to self and others at intake and at care plan reviews. Individuals are also screened for these and other risk factors as clinically indicated. BRMH uses an electronic health system that allows for screening for danger to self, others, and property as part of the clinical services note. Whenever an individual scores a 2 or higher on the CSSRS the individual receives a same-day crisis safety plan and assessment of need for higher levels of care or increases to outpatient services.

BRMH treatment staff has been trained and are currently using the Columbia Suicide Severity Rating Scale (C-SSRS). The C-SSRS was initially a statewide quality improvement project which lasted several years. The timeline for the statewide improvement project expired, but BRMH chose to continue to use the C-SSRS as its quality improvement project.

The percentage of clients who received a same-day-safety plan during the C-SSRS baseline year was 36%. In the last remeasurement period, clients received a same-day-safety plan 88% of the time. The 88% same-day-safety plan met BRMH's goal of 85%. BRMH treatment staff understand the importance of same-day-safety plans and will continue to strive to ensure that clients who are in need of a safety plan receive one. Staff will be reminded semi-annually of the C-SSRS requirements and the need to provide a same-day-safety plan if the client meets the criteria.

BRMH partners with the Huntsman Mental Health Institute statewide Utah Crisis line, which provides primary support for clients in crisis. Clients are connected as needed to the SMR and MCOT intervention teams who coordinate with BRMH staff to meet the needs of clients and ensure follow-up. Center-specific after hours support lines are also utilized to connect clients with crisis services.

Ongoing coordination with the HMHI Utah Crisis Line helps ensure that any difficulties are addressed. All staff are trained in Crisis Safety Planning.

BRMH attends monthly meetings with local suicide prevention coalitions providing support for community activities and events.

For Local Authorities participating in the Garrett Lee Smith State Youth Suicide Prevention and Early Intervention Grant Program summarize your implementation plans for implementing skill based programming, gatekeeper training, community or school based screening activities, and crisis follow up services after inpatient or emergency department visits. (note: this can be done in the box below, or by linking/attaching your most current report).

For those not participating in this grant program, please indicate "N/A" in the box below.

N/A

For Local Authorities participating in the Comprehensive Suicide Prevention grants describe your implementation plans for primary prevention programs, suicide intervention supports including gatekeeper training, and community postvention planning. (note: this can be done in the box below, or by linking/attaching your most current report).

If any of the following project deliverables are currently available, please link them here or attach them to your submission.

1. **By year 2, funding recipients shall submit a written comprehensive suicide prevention plan that is in alignment with the Utah Suicide Prevention State Plan and by year 2, funding recipients shall submit a written postvention response plan and communication protocol for their organization.**
2. **By year 3 funding recipients shall submit a written community postvention response plan.**

For those not participating in this project, please indicate, "N/A" below.

N/A

For Local Authorities receiving mini grant funding for the Live On Utah statewide suicide prevention campaign, summarize your implementation and sustainability plans for the implementation of culturally appropriate suicide prevention messaging in your area.

For those not participating in this project, please indicate, "N/A" below.

N/A

35) Justice Treatment Services (Justice Involved)

Thom Dunford

What is the continuum of services you offer for justice involved clients and how do you address reducing criminal risk factors?

BRMH offers a full range of mental health services regardless of a client's criminal history. Clients of BRMH who are justice involved and working within the criminal justice system can receive mental health services that are determined to be medically necessary based upon a thorough mental health assessment and the establishing of a care plan with measurable goals and objectives. Services could include individual and family therapy, case management, medication management, psychological

testing, skills development training, psychoeducation services, and group services. All services are available to individuals who are Medicaid eligible AND who are unfunded.

Describe how clients are identified as justice involved clients

Clients are identified by Mental Health Court participation, therapists assigned to the jail, client self reporting, and Cache Valley Unified Crisis Response Team.

How do you measure effectiveness and outcomes for justice involved clients?

We are supportive of, and cooperating with, the Utah Department of Corrections (UDC) Division of Adult Probation and Parole (AP&P) Logan Office Pilot Proposal. A copy of this proposal can be made available. This proposal, supported also by the Governor's Office of Management and Budget, seeks to reshape the criminal justice system in a way that reduces recidivism, changes lives, and saves money. The program, and our participation, includes concentrated "dosages" of treatment within the first 90 days of sentencing, which is the most influential time to address offender risk. Evidence-based research shows that therapy addressing anti-social cognition, antisocial personality, and anti-social associates tend to have the most meaningful impact in getting an offender to effect positive and lasting change in his/her life. BRMH has therapists capable of addressing these concerns.

The OQ is used as an outcome measure for all clients of BRMH. Therapists may also work with the Mental Health Court Committee and/or Adult Probation and Parole to get updates on program compliance and completion of probation and/or parole requirements. Clients involved in probation and/or parole and progress towards requirements of those programs are also considered as part of treatment effectiveness.

Identify training and/or technical assistance needs.

N/A

Identify a quality improvement goal to better serve justice-involved clients.

N/A

Identify the efforts that are being taken to work as a community stakeholder partner with local jails, AP&P offices, Justice Certified agencies, and others that were identified in your original implementation committee plan.

BRMH works with the Cache Valley Unified Crisis Response Team that consists of individuals from Adult Probation and Parole, local police agencies, and the local prosecutor's office to assist individuals who are justice involved. This committee meets together twice per month to evaluate the needs of individuals who are justice involved and how to help improve the client's functioning going forward to improve mental health symptoms and functioning.

Identify efforts being taken to work as a community stakeholder for children and youth who are justice involved with local DCFS, DJJS, Juvenile Courts, and other agencies.

BRMH participates in Local Interagency Council to address the needs of children who are at risk of out of home placement, and actively coordinates agency partners including DCFS and JJS to meet the mental health needs of youth. BRMH participates in the Mental Health Court Program including referral and coordinations to ensure that treatment teams are met for youth accepted in the program, and to provide support and services to family and caregivers of justice involved youth. Case managers take an active role in linking justice involved youth with services, supports, and addressing challenges in the

community.

36) Specialty Services

Pete Caldwell

If you receive funding for a speciality service outlined in the Division Directives (Operation Rio Grande, SafetyNet, PATH, Behavioral Health Home, Autism Preschools), please list your approach to services, how individuals are identified for the services and how you will measure the effectiveness of the services. If not applicable, enter NA.

N/A

37) Required attachments

- Policies and procedures for peer support and family peer support, including peer support supervision, family peer support supervision, and involvement at the agency level.
- List of evidence-based practices provided to fidelity.
- Policies for improving cultural responsiveness across agency staff and in services.
- “Eliminating Health Disparity Strategic Plan” goals with progress.
- Disaster Preparedness and Recovery Plan to coordinate with state, regional, and local partners in Disaster Preparedness Planning and Supporting Disaster Behavioral Health Response.

(Brent said that anything that is a duplication ask compared to the site visit list of documents... like the disaster preparedness plan... or the schools we work with etc. we should bring it to their attention. It should only be asked once.)